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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

American Cancer Society Inc

% Catherine E Mickle

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

250 Williams Street NW Suite 400

City or town, state or province, country, and ZIP or foreign postal code

Atlanta, GA 30303

F Name and address of principal officer

GARY M REEDY

250 WILLIAMS STREET STE 400

ATLANTA, GA 30303

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0580

D Employer identification number

13-1788491

E Telephone number

(800) 227-2345

G Gross receipts \$ 1,249,783,200

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.cancer.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1922

M State of legal domicile NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

THROUGH OUR 11 GEOGRAPHIC DIVISIONS AND GLOBAL HEADQUARTERS, WE SERVED OVER 80 MILLION PEOPLE IN 5,000+ COMMUNITIES THROUGH RESEARCH, EDUCATION, ADVOCACY, AND SERVICE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶170,957,351

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

CATHERINE E MICKLE CFO

Type or print name and title

2017-08-17

Date

Paid Preparer Use Only

Print/Type preparer's name

LAURA KIELCZEWSKI

Preparer's signature

LAURA KIELCZEWSKI

Date

Check ☐ if self-employed

PTIN P00740769

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 10036

Phone no (212) 773-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

To save lives, celebrate lives, and lead the fight for a world without cancer

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 157,631,437 including grants of \$ 102,531,589 ) (Revenue \$ 13,200 )  
See Additional Data

**4b** (Code ) (Expenses \$ 298,873,779 including grants of \$ 23,910,234 ) (Revenue \$ 2,899,406 )  
See Additional Data

**4c** (Code ) (Expenses \$ 111,687,721 including grants of \$ 4,361,969 ) (Revenue \$ 0 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 79,503,129 including grants of \$ 5,693,346 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 647,696,066

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b> Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b> Yes	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	2,902	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	104	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	6,679	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	3
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b>	Yes	
<b>b</b>	Yes	
<b>11a</b>	Yes	
<b>b</b>		
<b>12a</b>	Yes	
<b>b</b>	Yes	
<b>c</b>	Yes	
<b>13</b>	Yes	
<b>14</b>	Yes	
<b>15a</b>	Yes	
<b>b</b>	Yes	
<b>16a</b>		No
<b>b</b>		

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, IN, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 Catherine E Mickle 250 Williams Street STE 400 Atlanta, GA 30303 (404) 329-7934

Check if Schedule O contains a response or note to any line in this Part VII ☐

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2016)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								7,170,713	125,302	2,243,538

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 368**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
MERKLE INC, PO BOX 64897 BALTIMORE, MD 212644897	Prof Fundraising	3,015,870
FISHER BIOSERVICES INC, PO BOX 418395 BOSTON, MA 022418395	LABORATORY SERVICES	1,497,053
NEUDESIC LLC, 100 SPECTRUM CENTER DR SUITE 1200 IRVINE, CA 92618	TECH CONSULTING	1,249,526
ADP INC, ONE ADP DR MS 100 AUGUSTA, GA 30909	PAYROLL SERVICES	1,210,709
FORTYFOUR LLC, 44 RUSSELL ST NE ATLANTA, GA 30317	MEDIA CONSULTING	1,139,884

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 73**



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

Contributions, Gifts, Grants  
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 7,068,855			
<b>b</b>	Membership dues . . . . .	<b>1b</b>			
<b>c</b>	Fundraising events . . . . .	<b>1c</b> 384,464,835			
<b>d</b>	Related organizations . . . . .	<b>1d</b> 20,000,250			
<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 5,642,013			
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 361,582,237			
<b>g</b>	Noncash contributions included in lines 1a-1f \$ . . . . .	48,485,580			
<b>h Total.</b>	Add lines 1a-1f . . . . .	778,758,190			

Program Service Revenue

	Business Code				
<b>2a</b>	EDUCATION MAGAZINE ADVERTISING	541800	13,200	0	13,200
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other program service revenue . . . . .				
<b>g Total.</b>	Add lines 2a-2f . . . . .	13,200			

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		27,418,227		177,904	27,240,323
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b>	Royalties . . . . .		5,148,152			5,148,152
<b>6a</b>	Gross rents . . . . .	(i) Real 1,293,309	(ii) Personal			
<b>b</b>	Less rental expenses . . . . .	431,905				
<b>c</b>	Rental income or (loss) . . . . .	861,404	0			
<b>d</b>	Net rental income or (loss) . . . . .		861,404		-344,405	1,205,809
<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities 339,014,469	(ii) Other 14,801,019			
<b>b</b>	Less cost or other basis and sales expenses . . . . .	346,369,647	6,552,639			
<b>c</b>	Gain or (loss) . . . . .	-7,355,178	8,248,380			
<b>d</b>	Net gain or (loss) . . . . .		893,202			893,202
<b>8a</b>	Gross income from fundraising events (not including \$ 384,464,835 of contributions reported on line 1c) . . . . .					
	See Part IV, line 18 . . . . .	<b>a</b> 47,151,153				
<b>b</b>	Less direct expenses . . . . .	<b>b</b> 47,151,153				
<b>c</b>	Net income or (loss) from fundraising events . . . . .					
<b>9a</b>	Gross income from gaming activities . . . . .					
	See Part IV, line 19 . . . . .	<b>a</b> 1,970,897				
<b>b</b>	Less direct expenses . . . . .	<b>b</b> 260,497				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		1,710,400			1,710,400
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .					
		<b>a</b> 23,595,994				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b> 35,817,880				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		-12,221,886		2,300	-12,224,186
	Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b>	GRANT REFUND/RESIGNATION . . . . .	900099	7,067,769	0	0	7,067,769
<b>b</b>	OTHER GAINS (LOSSES) . . . . .	900099	3,550,821	2,899,406	0	651,415
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e Total.</b>	Add lines 11a-11d . . . . .		10,618,590			
<b>12 Total revenue.</b>	See Instructions . . . . .		813,199,479	2,899,406	-151,001	31,692,884

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	148,545,339	148,545,339		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	20,538,611	20,538,611		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	2,320,251	2,320,251		
<b>4</b> Benefits paid to or for members.	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,592,667	3,070,153	919,443	603,071
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	5,139,867	2,809,868	653,137	1,676,862
<b>7</b> Other salaries and wages.	324,061,458	222,270,713	20,202,814	81,587,931
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	51,184,656	35,173,535	3,226,685	12,784,436
<b>9</b> Other employee benefits.	46,620,346	32,416,224	3,015,508	11,188,614
<b>10</b> Payroll taxes.	23,681,091	16,208,895	1,523,871	5,948,325
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	1,166,673	836,154	68,922	261,597
<b>b</b> Legal.	1,424,915	762,952	444,780	217,183
<b>c</b> Accounting.	646,350	906	645,205	239
<b>d</b> Lobbying.	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17.	6,134,538			6,134,538
<b>f</b> Investment management fees.	2,817,495	0	2,817,495	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,334,868	24,452,496	2,988,714	1,893,658
<b>12</b> Advertising and promotion.	37,818,188	27,100,206	329,218	10,388,764
<b>13</b> Office expenses.	37,723,432	25,071,903	3,935,535	8,715,994
<b>14</b> Information technology.	20,769,233	14,181,506	1,515,751	5,071,976
<b>15</b> Royalties.	0	0	0	0
<b>16</b> Occupancy.	40,692,179	30,170,174	2,253,875	8,268,130
<b>17</b> Travel.	15,177,509	10,339,480	632,802	4,205,227
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
<b>19</b> Conferences, conventions, and meetings.	7,586,799	4,992,381	451,449	2,142,969
<b>20</b> Interest.	692,885	513,335	98,103	81,447
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	17,897,006	12,188,279	1,180,239	4,528,488
<b>23</b> Insurance.	3,569,603	2,664,451	202,948	702,204
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> PRINT - EDU & FUNDRAISING	12,788,109	8,180,988	1,425,806	3,181,315
<b>b</b> MEDALS & RECOGNITION	3,284,667	2,090,383	109,123	1,085,161
<b>c</b> RECRUITMENT & RELOCATION	871,522	584,102	70,619	216,801
<b>d</b> MISCELLANEOUS	314,363	212,781	29,161	72,421
<b>e</b> All other expenses.				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	867,394,620	647,696,066	48,741,203	170,957,351
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	211,565,215	141,807,374	8,833,032	60,924,809

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		0	<b>1</b>	0
	<b>2</b>	Savings and temporary cash investments . . . . .		62,347,560	<b>2</b>	113,328,434
	<b>3</b>	Pledges and grants receivable, net . . . . .		37,817,454	<b>3</b>	41,811,284
	<b>4</b>	Accounts receivable, net . . . . .		4,960,356	<b>4</b>	5,320,272
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		0	<b>7</b>	0
	<b>8</b>	Inventories for sale or use . . . . .		3,642,105	<b>8</b>	2,923,629
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		8,576,805	<b>9</b>	9,994,768
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 503,892,520			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 271,378,123	244,701,777	<b>10c</b>	232,514,397
	<b>11</b>	Investments—publicly traded securities . . . . .		982,256,773	<b>11</b>	832,512,369
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	0
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		0	<b>13</b>	0
	<b>14</b>	Intangible assets . . . . .		0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		391,929,519	<b>15</b>	433,953,910
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		1,736,232,349	<b>16</b>	1,672,359,063	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		303,989,786	<b>17</b>	287,861,615
	<b>18</b>	Grants payable . . . . .		195,291,652	<b>18</b>	201,018,990
	<b>19</b>	Deferred revenue . . . . .		4,749,104	<b>19</b>	4,852,581
	<b>20</b>	Tax-exempt bond liabilities . . . . .		5,370,000	<b>20</b>	4,730,000
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		38,180,923	<b>23</b>	36,515,414
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		65,361,485	<b>25</b>	47,406,238
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		612,942,950	<b>26</b>	582,384,838
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		569,250,570	<b>27</b>	498,657,599
	<b>28</b>	Temporarily restricted net assets . . . . .		275,032,640	<b>28</b>	305,596,549
	<b>29</b>	Permanently restricted net assets		279,006,189	<b>29</b>	285,720,077
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,123,289,399	<b>33</b>	1,089,974,225
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		1,736,232,349	<b>34</b>	1,672,359,063

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	813,199,479
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	867,394,620
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-54,195,141
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,123,289,399
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	22,352,116
<b>6</b>	Donated services and use of facilities	<b>6</b>	113,898
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-1,586,047
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,089,974,225

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** American Cancer Society Inc

Form 990 (2016)

**Form 990, Part III, Line 4a:**

Research programs provide financial support to fund and conduct research into the causes of cancer, how it can be prevented, detected early, and treated successfully, how to improve the quality of life for people living with cancer, and to advocate for laws and policies that help further cancer research. Our research program expenses included both our extramural research grants and intramural program, which included our comprehensive cancer prevention study (CPS-3). Grants to affiliates: \$6,760,963

**Form 990, Part III, Line 4b:**

Patient support programs assist cancer patients and their families in an effort to ease the burden of the disease for them. Expenses included our specific assistance to individuals through the Look Good Feel Better program, our 24 hours a day, 7 days a week, 365 days a year National Cancer Information Center, and our Hope Lodge facilities, which provide free, high quality, temporary lodging for patients and their caregivers close to treatment centers, thereby easing the emotional and financial burden of finding affordable lodging. Grants to affiliates \$7,049,075

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**Form 990, Part III, Line 4c:**

Prevention programs provide the public and health professionals with information and education to prevent cancer occurrence and to reduce the risk of developing cancer  
Prevention expenses included activities such as our ongoing advocacy efforts to increase certain state tobacco taxes through our grants to affiliates and promoting the  
human papillomavirus (HPV) vaccination in addition to general prevention work    Grants to affiliates    \$15,759,558

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scarlott K Mueller MPH RN ..... Chair	5 0 ..... 2 0	X		X				0	0	0
Arnold M Baskies MD FACS ..... Vice Chair	5 0 ..... 0 0	X		X				0	0	0
Kevin J Cullen MD ..... Board Scientific Officer	5 0 ..... 0 0	X		X				0	0	0
Jeffery L Kean ..... Secretary/Treasurer	5 0 ..... 0 0	X		X				0	0	0
Robert E Youle ..... Immediate Past Chair	5 0 ..... 1 0	X		X				0	0	0
John Alfonso CPA CGMA ..... Director	3 0 ..... 0 0	X						0	0	0
Daniel Armstrong PhD ..... Director	3 0 ..... 0 0	X						0	0	0
Patricia J Crome RN MN NE-BC ..... Director	3 0 ..... 0 0	X						0	0	0
Leeann Chau Dang MS ..... Director	3 0 ..... 0 0	X						0	0	0
Lewis E Foxhall MD ..... Director	3 0 ..... 0 0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Carmen E Guerra MD MSCE FACP ..... Director	3 0 ..... 0 0	X							0	0	0	
John W Hamilton DDS ..... Director	3 0 ..... 0 0	X							0	0	0	
Daniel P Heist CPA ..... Director	3 0 ..... 1 0	X							0	0	0	
Susan D Henry LCSW ..... Director	3 0 ..... 0 0	X							0	0	0	
Carol Jackson ..... Director	3 0 ..... 0 0	X							0	0	0	
Gareth T Joyce ..... Director	3 0 ..... 0 0	X							0	0	0	
Jorge Luis Lopez Esq ..... Director	3 0 ..... 0 0	X							0	0	0	
Brian A Marlow CFA ..... Director	3 0 ..... 0 0	X							0	0	0	
Gregory L Pemberton Esq ..... Director	3 0 ..... 0 0	X							0	0	0	
Carolyn F Rhee FACHE ..... Director	3 0 ..... 0 0	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gil West ..... Director	3 0 ..... 0 0	X						0	0	0
GARY REEDY ..... CHIEF EXECUTIVE OFFICER	55 0 ..... 5 0			X				667,779	60,707	92,291
CATHERINE E MICKLE ..... CHIEF FINANCIAL OFFICER	55 0 ..... 7 0			X				507,532	64,595	103,643
OTIS W BRAWLEY ..... CHIEF MED AND SCI OFFICER	55 0 ..... 0 0				X			695,059	0	102,270
RICHARD C WENDER ..... CHIEF CANCER CONTROL OFFICER	55 0 ..... 0 0				X			632,897	0	73,555
JOSEPH C CAHOON ..... SENIOR EVP, FIELD, OUTGOING	55 0 ..... 0 0				X			700,238	0	275,689
SHARON BYERS ..... CHIEF DEV & MKTG OFFICER	55 0 ..... 0 0				X			450,746	0	48,936
DAVID F VENEZIANO ..... EVP, CALIFORNIA DIV, OUTGOING	55 0 ..... 0 0					X		429,897	0	148,125
NANCY C YAW ..... EVP, LAKESHORE DIV, OUTGOING	55 0 ..... 0 0					X		351,578	0	175,328
LISA E ROTH ..... SVP, PROD & PROG MGMT,OUTGOING	55 0 ..... 0 0					X		333,037	0	292,233

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUNG H KIM ..... EVP, EASTERN DIVISION	55 0 ..... 0 0					X		356,736	0	95,552
SUSAN G HERRINGTON ..... EVP, ENT GOV AND CORP SVCS	55 0 ..... 0 0					X		366,088	0	171,050
GREGORY P BONTRAGER ..... COO, FORMER	0 0 ..... 0 0						X	1,679,126	0	664,866

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

American Cancer Society Inc

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

13-1788491

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

☐

Enter the number of supported organizations \_\_\_\_\_
- g

☐

Provide the following information about the supported organization(s) \_\_\_\_\_

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	216,822,172	871,904,237	804,931,290	785,868,454	778,758,190	3,458,284,343
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	216,822,172	871,904,237	804,931,290	785,868,454	778,758,190	3,458,284,343
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6	<b>Public support.</b> Subtract line 5 from line 4						3,458,284,343

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	216,822,172	871,904,237	804,931,290	785,868,454	778,758,190	3,458,284,343
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,162,567	27,579,534	27,026,029	30,250,909	33,859,688	127,878,727
9	Net income from unrelated business activities, whether or not the business is regularly carried on	134,205	0	0	0	0	134,205
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	557,760	953,806				1,511,566
11	<b>Total support.</b> Add lines 7 through 10						3,587,808,841
12	Gross receipts from related activities, etc. (see instructions)					12	320,498,028
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 96.390 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b> 96.676 %
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity ( <b>see instructions</b> ).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI**    **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization American Cancer Society Inc	Employer identification number 13-1788491
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$

3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	0
<b>d</b>	Mailings to members, legislators, or the public?		No	0
<b>e</b>	Publications, or published or broadcast statements?		No	0
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		17,256,040
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		206,087
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
<b>i</b>	Other activities?		No	0
<b>j</b>	Total. Add lines 1c through 1i			17,462,127
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b>	Current year	<b>2b</b>	
<b>b</b>	Carryover from last year	<b>2c</b>	
<b>c</b>	Total	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)		

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART IV	RECOGNIZING THE POWER OF ADVOCACY TO ACCOMPLISH ITS MISSION, THE AMERICAN CANCER SOCIETY, INC. ("THE SOCIETY") SUPPORTS LIMITED LOBBYING ACTIVITIES PRIMARILY THROUGH GRANTS TO OTHER ORGANIZATIONS, INCLUDING THE AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, INC., TO ACHIEVE EVIDENCE BASED POLICY AND LEGISLATIVE SOLUTIONS DESIGNED TO ELIMINATE CANCER AS A MAJOR HEALTH PROBLEM

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2016

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	111,244,190	115,902,123	117,328,894	102,734,090	35,285,733
b Contributions	647,473	835,482	1,646,646	3,639,657	64,302,632
c Net investment earnings, gains, and losses	6,691,949	-932,027	3,026,813	15,529,578	3,145,725
d Grants or scholarships					
e Other expenditures for facilities and programs	5,034,999	4,561,388	6,100,230	4,574,431	
f Administrative expenses					
g End of year balance	113,548,613	111,244,190	115,902,123	117,328,894	102,734,090

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

100 000 %

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		29,354,758		29,354,758
b Buildings		295,048,235	125,886,827	169,161,408
c Leasehold improvements		73,802,341	47,249,440	26,552,901
d Equipment		55,729,732	50,094,232	5,635,500
e Other		49,957,454	48,147,624	1,809,830
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				232,514,397

Schedule D (Form 990) 2016



Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from Affiliates	1,714,135
(2) Planned Giving assets	93,459,229
(3) Beneficial Interests in Trust	321,144,909
(4) Other Receivables	17,635,637
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	433,953,910

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Investments Held for Affiliates	12,623,098
Gift Annuity Liability	19,600,779
Deferred rent payable	12,166,844
Capital Leases Obligations	1,751,146
Due to affiliates	1,264,371
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	47,406,238

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	841,418,415
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	22,352,116
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	11,487,246
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	-7,067,769
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	3,833,725
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	30,605,318
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	810,813,097
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,817,495
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-431,113
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,386,382
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	813,199,479

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	886,962,519
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	11,373,348
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	17,648,702
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	29,022,050
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	857,940,469
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	2,817,495
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	6,636,656
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	9,454,151
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	867,394,620

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 13-1788491  
**Name:** American Cancer Society Inc

**Supplemental Information**

Return Reference	Explanation
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 5 THE FILING ORGANIZATION MAINTAINS ENDOWMENT FUNDS IN PERPETUITY DISTRIBUTIONS FROM THE INVESTMENT EARNINGS OF THE ENDOWMENT FUNDS ARE MADE IN ACCORDANCE WITH THE FILING ORGANIZATION'S SPENDING POLICY THESE DISTRIBUTIONS ARE USED FOR THE FILING ORGANIZATION'S MISSION IN ACCORDANCE WITH ANY APPLICABLE DONOR RESTRICTIONS

Supplemental Information	
Return Reference	Explanation
REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XI, LINE 2D REVENUE OF AFFILIATES (\$756,078) CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$4,589,803 TOTAL \$3,833,725

Supplemental Information	
Return Reference	Explanation
REVENUE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XI, LINE 4B UBIT \$792 RENTAL EXPENSES (\$431,905) TOTAL (\$431,113)

Supplemental Information	
Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 2D EXPENSE OF AFFILIATES \$17,648,702 TOTAL \$17,648,702

Supplemental Information	
Return Reference	Explanation
EXPENSE RECONCILIATION PER AUDITED FINANCIAL STATEMENTS TO 990	SCHEDULE D, PART XII, LINE 4B GRANT REFUNDS/RESIGNATIONS \$7,067,769 UBIT \$792 RENTAL EXPENSES (\$431,905) TOTAL \$6,636,656



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization  
American Cancer Society Inc

**Employer identification number**

13-1788491

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total					632,036
<b>b</b> Total from continuation sheets to Part I					3,304,941
<b>c Totals</b> (add lines 3a and 3b)					3,936,977

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>	See Add'l Data								
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									
<b>( 5 )</b>	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .								41
<b>( 6 )</b>	Enter total number of other organizations or entities . . . . .								0
<b>( 7 )</b>									
<b>( 8 )</b>									
<b>( 9 )</b>									
<b>( 10 )</b>									
<b>( 11 )</b>									
<b>( 12 )</b>									
<b>( 13 )</b>									
<b>( 14 )</b>									
<b>( 15 )</b>									
<b>( 16 )</b>									

Schedule F (Form 990) 2016

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING USE OF GRANT FUNDS OUTSIDE THE US	SCHEDULE F, PART I, LINE 2 THE SOCIETY MONITORS AND CONDUCTS AN EVALUATION OF OPERATIONS UNDER EACH GRANT THIS MONITORING MAY INCLUDE VISITS BY REPRESENTATIVES OF THE SOCIETY TO OBSERVE GRANTEE'S PROGRAM PROCEDURES AND OPERATIONS AND TO EVALUATE THE PROGRAM WITH GRANTEE'S PERSONNEL, OR BY THE SOCIETY RECEIVING BENCHMARKING GRANT REPORTS THE SOCIETY ALSO CONDUCTS FINANCIAL MONITORING OF GRANTEES GRANT AGREEMENTS GENERALLY REQUIRE GRANTEES TO PROVIDE NARRATIVE AND FINANCIAL REPORTS CONTAINING DETAILED INFORMATION ABOUT GRANT ACTIVITIES (1) INTERIM NARRATIVE AND FINANCIAL REPORTS AT THE MIDPOINT OF THE GRANT, AND (2) FINAL NARRATIVE AND FINANCIAL REPORTS WITHIN 60 DAYS OF EXPIRATION, REPAYMENT OR TERMINATION OF THE GRANT TO THE EXTENT PAID OUT IN INSTALLMENTS, THE SECOND GRANT INSTALLMENT MAY NOT BE PAID UNTIL SATISFACTORY PROGRESS INTERIM REPORTS HAVE BEEN RECEIVED ALL GRANT REPORTING FORMS REQUIRE THE SIGNATURE OF THE PERSON PREPARING THE REPORTS AS CERTIFICATION THAT THE PROGRAM ACTIVITIES DID OCCUR

Additional Data

Software ID:  
Software Version:  
EIN: 13-1788491  
Name: American Cancer Society Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program services	Capacity Building	3,851
East Asia and the Pacific			Program services	Capacity Building	22,653
East Asia and the Pacific			Program services	Global Tobacco Control	134,211

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Program services	Patient Support	1,842
Europe (Including Iceland and Greenland)			Program services	Breast CNCR awareness	2,802
Europe (Including Iceland and Greenland)			Program services	Capacity Building	191,571

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program services	Global Cancer Advocacy	31,000
Europe (Including Iceland and Greenland)			Program services	Global Tobacco Control	7,557
Europe (Including Iceland and Greenland)			Program services	Pain Management	88,130



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Program services	Patient Support	2,157
Europe (Including Iceland and Greenland)			Program services	Prevention and Detect	1,312
Europe (Including Iceland and Greenland)			Program services	Research Fellowship	32,307

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program services	Breast CNCR awareness	5,093
Middle East and North Africa			Program services	Capacity Building	769
North America			Program services	Capacity Building	36,546

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program services	Global Cancer Advocacy	19,262
North America			Program services	Global Tobacco Control	50,973
North America			Program services	Prevention and Detect	1,722

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program services	Research Fellowship	9,063
South America			Program Services	Breast CNCR Awareness	2,934
South America			Program services	Capacity Building	7,956

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program services	Global Cancer Advocacy	16,499
South America			Program services	Global Tobacco Control	2,237
South Asia			Program services	Capacity Building	92,853

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program services	Crvcl Cancer Awareness	4,207
South Asia			Program services	Global Cancer Advocacy	27,724
South Asia			Program services	Research Fellowship	1,912

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program services	Breast CNCR Awareness	1,865
Sub-Saharan Africa			Program services	Capacity Building	46,970
Sub-Saharan Africa			Program services	Crvcl Cancer Awareness	10,778

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program services	Global Cancer Advocacy	20,589
Sub-Saharan Africa			Program services	Global Tobacco Control	2,429
Sub-Saharan Africa			Program services	Pain Management	658,827



**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program services	Patient Support	31,298
Sub-Saharan Africa			Program services	Research Fellowship	16,816
East Asia and the Pacific			Grantmaking		38,142

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking		506,641
North America			Grantmaking		178,391
South America			Grantmaking		284,485

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking		49,600
Sub-Saharan Africa			Grantmaking		1,291,003

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST Asia and the Pacific	Capacity Building	14,400	Wire			
		EAST Asia and the Pacific	Global Cancer Advocacy	20,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe ( Inc IC and GL)	Breast Cancer Awareness	128,720	Wire			
		Europe ( Inc IC and GL)	Capacity Building	57,444	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe ( Inc IC and GL)	Cervical Cancer Awareness	10,000	Wire			
		Europe ( Inc IC and GL)	Global Cancer Advocacy	213,727	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe ( Inc IC and GL)	Pain Mgmt	46,750	Wire			
		Europe ( Inc IC and GL)	Research Fellowship	50,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Breast Cancer Awareness	40,964	Wire			
		North America	Global Tobacco Control	47,426	Check			



Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Global Tobacco Control	10,000	Wire			
		North America	Women Cancer Awareness	75,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Breast Cancer Awareness	25,000	Wire			
		South America	Capacity Building	12,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Global Cancer Advocacy	43,712	Wire			
		South America	Global Tobacco Control	12,000	ACH			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Global Tobacco Control	191,773	Wire			
		South Asia	Global Cancer Advocacy	45,000	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Breast Cancer Awareness	44,987	Wire			
		Sub-Saharan Africa	Capacity Building	24,998	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Cervical Cancer Awareness	341,500	Wire			
		Sub-Saharan Africa	Global Cancer Advocacy	109,880	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Global Tobacco Control	50,401	Wire			
		Sub-Saharan Africa	Pain Mgmt	570,207	Wire			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research Fellowship	149,028	Wire			



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

e

☒ Solicitation of non-government grants

b

☒ Internet and email solicitations

f

☒ Solicitation of government grants

c

☒ Phone solicitations

g

☒ Special fundraising events

d

☒ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Caswell Zachary Grizzard	Planned Giv Strategy		No	0	901,435	-901,435
2 Charity Dynamic	General Dev Consultant		No	2,020,246	123,420	1,896,826
3 Defilippo Associates LLC	Fundraising Recruitment		No	326,070	50,071	275,999
4 Dini Spheres Inc	Fundraising Consultant		No	2,065,983	76,000	1,989,983
5 MR Strategic Services Inc	Online Strategy		No	2,403,155	543,850	1,859,305
6 Merkle Group Inc	Direct Mail		No	38,435,165	3,015,870	35,419,295
7 PMX Agency LLC	Direct Mail		No	5,912,075	1,030,460	4,881,615
8 The Fund Development Group	Fundraising		No	1,356,074	25,131	1,330,943
9 X's and O's of Success LLC	Fundraising Consultant		No	805,763	99,730	706,033
10 Social Capital Inc	Fundraising consultant		No		125,000	-125,000
Total ▶				53,324,531	5,990,967	47,333,564

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1 <b>RELAY FOR LIFE</b> (event type)	(b) Event #2 <b>MAKING STRIDES</b> (event type)	(c) Other events <b>439</b> (total number)	(d) Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	273,268,813	64,101,019	94,246,157	431,615,989
	<b>2</b> Less Contributions . . . . .	253,041,083	58,816,276	72,607,477	384,464,836
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	20,227,730	5,284,743	21,638,680	47,151,153
Direct Expenses	<b>4</b> Cash prizes . . . . .	2,500	6,110		8,610
	<b>5</b> Noncash prizes . . . . .	2,893,422	63,091	258,790	3,215,303
	<b>6</b> Rent/facility costs . . . . .	5,327,593	2,250,534	5,404,009	12,982,136
	<b>7</b> Food and beverages . . . . .	748,224	126,441	6,097,664	6,972,329
	<b>8</b> Entertainment . . . . .	1,820,638	273,498	4,218,360	6,312,496
	<b>9</b> Other direct expenses . . . . .	9,435,353	2,565,068	5,659,858	17,660,279
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				47,151,153
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .			1,970,897	1,970,897
Direct Expenses	<b>2</b> Cash prizes . . . . .			128,145	128,145
	<b>3</b> Noncash prizes . . . . .			6,320	6,320
	<b>4</b> Rent/facility costs . . . . .			20,573	20,573
	<b>5</b> Other direct expenses . . . . .			105,459	105,459
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95 000 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				260,497
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				1,710,400

**9** Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

**a** Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☒ No

**b** If "No," explain \_\_\_\_\_  
SOME STATES DO NOT REQUIRE LICENSES, HOWEVER WE ARE LICENSED WHERE REQUIRED

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No

**b** If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**

**13** Indicate the percentage of gaming activity conducted in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	100 000 %

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ANNETTA MARTIN

Address ▶ 250 WILLIAMS STREET NW 4TH FL  
ATLANTA, GA 30303

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☒ **No**

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶ CATHERINE E MICKLE

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ OVERSIGHT/MANAGEMENT

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ **Yes** ☐ **No**
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 1,710,400

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING FUNDRAISING	SCHEDULE G, PART II MAKING STRIDES AGAINST BREAST CANCER IS AN EVENT THAT RAISES AWARENESS FOR AND FIGHTS BACK AGAINST BREAST CANCER BY -HELPING PEOPLE STAY WELL BY SHOWING WOMEN STEPS THEY CAN TAKE TO REDUCE THEIR BREAST CANCER RISK AND MAKE INFORMED DECISIONS ABOUT THEIR HEALTH WE HELP WOMEN LEARN ABOUT HEALTHY LIFESTYLE CHOICES AND WHICH SCREENING TESTS, LIKE MAMMOGRAMS, ARE RIGHT FOR THEM -HELPING PEOPLE GET WELL BY PROVIDING INFORMATION, DAY-TO-DAY HELP, AND EMOTIONAL SUPPORT WHETHER IT'S HELPING PEOPLE MAKE INFORMED DECISIONS ABOUT THEIR CARE OR CONNECTING THEM WITH BREAST CANCER SURVIVORS, WE'RE HERE FOR THEM SO THEY CAN FOCUS ON FEELING BETTER -FINDING CURES THROUGH RESEARCH TO HELP FIND THE CAUSES OF BREAST CANCER AND BETTER WAYS TO TREAT IT SO THAT MORE PEOPLE CAN SURVIVE THE DISEASE WE HAVE BEEN AN IMPORTANT PART OF NEARLY EVERY MAJOR BREAST CANCER RESEARCH BREAKTHROUGH IN RECENT HISTORY, INCLUDING FUNDING THE DEVELOPMENT OF TAMOXIFEN AND HERCEPTIN AND USING MAMMOGRAMS TO SCREEN FOR BREAST CANCER -FIGHTING BACK AGAINST BREAST CANCER BY WORKING WITH LAWMAKERS TO INCREASE FUNDING FOR BREAST CANCER SCREENING AND TREATMENT THROUGH OUR AFFILIATE, AND BY BRINGING COMMUNITIES TOGETHER THROUGH OUR MAKING STRIDES AGAINST BREAST CANCER EVENTS TO RAISE FUNDS AND AWARENESS TO FIGHT THE DISEASE RELAY FOR LIFE IS AN EVENT THAT FOCUSES SUPPORT ON SURVIVORS WHO HAVE BATTLED OR ARE BATTLING THE DISEASE AND THE CAREGIVERS THAT GIVE THEIR SUPPORT TO THOSE FIGHTING CANCER IT HONORS THOSE WHO HAVE BEEN LOST TO THE DISEASE TO AID IN HEALING AND HIGHLIGHT THE IMPORTANCE OF DEFEATING THE DISEASE FINALLY, IT HELPS FIGHT BACK AGAINST THE DISEASE BY PARTICIPANTS MAKING A PERSONAL COMMITMENT TO SAVE LIVES BY TAKING UP THE FIGHT AGAINST CANCER THIS COMMITMENT INVOLVES DOING SOMETHING SUCH AS GETTING A SCREENING TEST, QUITTING SMOKING OR TALKING TO ELECTED OFFICIALS ABOUT CANCER BY TAKING ACTION, PEOPLE ARE PERSONALLY TAKING STEPS TO SAVE LIVES AND FIGHT BACK AGAINST THE DISEASE MANDATORY DISTRIBUTIONS FORM 990, SCHEDULE G, PART III, LINE 17 ALL FUNDS FROM GAMING ACTIVITIES ARE SPENT ON THE FILING ORGANIZATION'S EXEMPT ACTIVITIES DURING THE TAX YEAR

Additional Data

Software ID:

Software Version:

EIN: 13-1788491

Name: American Cancer Society Inc

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities

CA, CO, FL, GA, ID, IL, IA, KS, LA, MD, MA, MI, MN, MO, MT, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TX, VT, VA, WA, WV, WY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493229004457

Schedule I  
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 342

3 Enter total number of other organizations listed in the line 1 table . . . . . 15

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GUEST ROOM PROGRAM	60472	108,473	4,938,033	FMV	GUEST ROOMS
(2) LOOK GOOD, FEEL BETTER	46929	20,397	11,614,765	FMV	COSMETIC KITS
(3) OTHER	2780	413,377	132,973	FMV	OTHER PAT SUPP ITEMS
(4) TRANSPORTATION	9882	1,563,327			
(5) WIGS	3262	598,697	1,148,569	FMV	WIGS
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF	GRANTS FORM 990, SCHEDULE I, PART I, LINE 2 RESEARCH GRANTS IN ORDER TO MONITOR THE USE OF RESEARCH GRANTS, REPORTING IS REQUIRED BY THE RECIPIENT AT VARIOUS INTERVALS THROUGHOUT THE GRANT PERIOD ANY REPORTING IS REVIEWED BY INTERNAL STAFF TO ENSURE PROPER USAGE THE FOLLOWING PROCEDURES ARE PERFORMED TO MONITOR THE USE OF OUR RESEARCH GRANTS PROGRESS REPORTS PROGRESS REPORTS, BOTH NON-TECHNICAL AND SCIENTIFIC, ARE SUBMITTED EACH YEAR WITHIN SIX WEEKS OF THE FIRST AND SUBSEQUENT ANNIVERSARIES OF THE START DATE OF THE GRANT, AND FINAL REPORTS ARE DUE WITHIN SIX WEEKS AFTER THE GRANT HAS TERMINATED THE SCIENTIFIC REPORT INCLUDES (A) OBJECTIVE/HYPOTHESIS OF THE PROJECT, (B) THE PROGRESS MADE TOWARD SPECIFIC AIMS IN THE ORIGINAL APPLICATION, (C) THE RELEVANCE AND RESULTS TO PREVENTION, DIAGNOSIS, AND TREATMENT OF CANCER, (D) PUBLICATIONS SUBMITTED, AND (E) A LIST OF PATENTS GRANTED IF APPLICABLE NON-TECHNICAL REPORTS ARE A SUMMARY OF PROGRESS IN THE LANGUAGE THAT A DONOR OR VOLUNTEER WITH NO SCIENTIFIC BACKGROUND WOULD UNDERSTAND ANNUAL REPORTS AND FINAL REPORTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF FINANCIAL REPORTS FOLLOWING THE TERMINATION DATE OF THE GRANT, INSTITUTIONS ARE REQUIRED TO FILE A FINAL REPORT OF EXPENDITURES BOTH THE PRINCIPAL INVESTIGATOR AS WELL AS THE INSTITUTION'S FINANCIAL OFFICER MUST SIGN SUBMITTED REPORTS IF A FINANCIAL REPORT REFLECTS AN UNEXPENDED BALANCE AT THE END OF THE GRANT PERIOD, THE INSTITUTION MUST RETURN THESE FUNDS TO THE SOCIETY THE REPORT OF EXPENDITURES INCLUDES THE FOLLOWING - SUMMARY OF EXPENDITURES DETAILED BY SALARIES, FRINGE BENEFITS, SUPPLIES, EQUIPMENT, TRAVEL, AND MISCELLANEOUS - INDIRECT COSTS - SIGNATURE OF UNIVERSITY/INSTITUTION FINANCIAL OFFICER AND INVESTIGATOR - SIGNATURE OF AMERICAN CANCER SOCIETY REVIEWER REPORTS OF EXPENDITURE FOR ALL RESEARCH AND HEALTH PROFESSIONAL TRAINING GRANTS ARE REVIEWED BY APPROPRIATE AMERICAN CANCER SOCIETY STAFF REPORTS ARE REVIEWED FOR NUMERICAL ACCURACY, DISALLOWED EXPENDITURES, AND VERIFICATION THAT THE INDIRECT COST RATE IS APPLIED APPROPRIATELY A GRANT ACCOUNT IS NOT CONSIDERED FINALIZED UNTIL ALL GRANT EXPENDITURES HAVE BEEN APPROVED AND ACCOUNTED FOR, INCLUDING THE RETURN OF ANY UNEXPENDED FUNDS OR OUTSTANDING PAYMENTS DUE FOR NON-RESEARCH GRANTS THE SOCIETY FOLLOWS A NUMBER OF STANDARD PRACTICES TO MONITOR PERFORMANCE AND COMPLIANCE OF RECIPIENTS FOR NON-RESEARCH GRANTS THE SOCIETY REQUIRES GRANTEEES TO SIGN A WRITTEN GRANT AGREEMENT SETTING FORTH THE TERMS AND CONDITIONS OF THE GRANT INCLUDING THE GRANT PURPOSE, AMOUNT, DURATION, PAYMENT SCHEDULE AND REPORTING REQUIREMENTS NON-RESEARCH GRANT AGREEMENTS TYPICALLY PROVIDE FOR (1) DISBURSEMENT OF GRANT FUNDS IN INSTALLMENTS AND (2) INTERIM AND FINAL REPORTS CONTAINING INFORMATION ON PROGRESS TOWARD MEETING GRANT OBJECTIVES, ANY CHALLENGES ENCOUNTERED, AS WELL AS AN ACCOUNTING OF GRANT FUNDS EXPENDED SOCIETY GRANT AGREEMENTS REQUIRE THAT ALL FUNDS NOT EXPENDED IN ACCORDANCE WITH THE TERMS OF THE GRANT BE RETURNED TO THE SOCIETY THE SOCIETY ROUTINELY UTILIZES ADDITIONAL MONITORING TOOLS TO ENSURE GRANTEE PERFORMANCE IN ACCORDANCE WITH TERMS OF THE GRANT SUCH AS REGULAR TELEPHONE CONFERENCES WITH GRANTEEES REGARDING PROGRAM ACTIVITIES AND/OR SITE VISITS TO DIRECTLY OBSERVE PROGRAM OPERATIONS AND PERSONNEL FACTORS SUCH AS THE SIZE OF AWARDS, THE COMPLEXITY OF THE COMPLIANCE REQUIREMENTS, RISK OF NON-COMPLIANCE BASED ON PAST PERFORMANCE, AND NATURE OF RECIPIENT MAY INFLUENCE THE TYPE AND EXTENT OF MONITORING REQUIREMENTS

Additional Data

Software ID:  
Software Version:  
EIN: 13-1788491  
Name: American Cancer Society Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jackson Laboratory 10 Discovery Drive Farmington, CT 06032	01-0211513	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
MERITUS HEALTHCARE FOUNDATION 11116 MEDICAL CAMPUS RD SUITE 3977 HAGERSTOWN, MD 21742	01-0639265	501(C)(3)	16,579				BREAST EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Dartmouth College 11 Rope Ferry Road 6210 Hanover, NH 03755	02-0222111	501(C)(3)	360,000				EXTRAMURAL RESEARCH GRANT
Trustees of Boston College 140 Commonwealth Ave Chestnut Hill, MA 02467	04-2103545	501(C)(3)	1,504,000				EXTRAMURAL RESEARCH GRANT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of Boston University 881 Commonwealth Avenue Boston, MA 02215	04-2103547	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
HARVARD UNIVERSITY 124 MOUNT AUBURN STREET Cambridge, MA 02138	04-2103580	501(C)(3)	377,000				Research and Tobacco Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mass Inst of Tech-Koch Inst for intg cancer res 77 Massachussetts Avenue NE18-901 Cambridge, MA 02139	04-2103594	501(C)(3)	107,500				EXTRAMURAL RESEARCH GRANT
Simmons College 300 The Fenway Boston, MA 02215	04-2103629	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beth Israel Deaconess Medical Center 330 Brookline Avenue E/BR 264 Boston, MA 02215	04-2103881	501(C)(3)	1,013,000				EXTRAMURAL RESEARCH GRANT
SPRINGFIELD COLLEGE 263 ALDEN ST SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLTOWN COMMUNITY HEALTH CTRS 58 OLD NORTH RD WORTHINGTON, MA 01098	04-2161484	501(C)(3)	35,625				CANCER CONTROL
Dana-Farber Cancer Institute 450 Brookline Avenue Boston, MA 02215	04-2263040	501(C)(3)	706,573				Research and Breast Edu

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02215	04-2312909	501(C)(3)	1,584,000				EXTRAMURAL RESEARCH GRANT
MANET COMMUNITY HEALTH CENTER 2 GRANITE AVE STE 101 MILTON, MA 02186	04-2646695	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mass Gen Hosp (The General Hospital Corp) 55 Fruit Street Boston, MA 02114	04-2697983	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
Children's Hospital Boston 300 Longwood Avenue Boston, MA 02215	04-2774441	501(C)(3)	1,521,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	501(C)(3)	1,666,500				EXTRAMURAL RESEARCH GRANT
Boston Medical Center Corporation 660 Harrison Avenue Gambro 2 Boston, MA 02118	04-3314093	501(C)(3)	300,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APOS 2365 HUNTERS WAY Charlottesville, VA 22911	04-3720121	501(C)(3)	10,000				INTRAMURAL RESEARCH GRANT
RHODE ISLAND HOSPITAL 593 EDDY STREET PROVIDENCE, RI 02903	05-0258954	501(C)(3)	10,000				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yale University PO Box 208327 New Haven, CT 06520	06-0646973	501(C)(3)	1,270,500				EXTRAMURAL RESEARCH GRANT
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVE HARTFORD, CT 06120	06-0863942	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIR HAVEN COMMUNITY HEALTH 374 GRAND AVE New Haven, CT 06513	06-0883545	501(C)(3)	62,500				CANCER CONTROL
COMMUNITY HEALTH CENTER INC 675 MAIN STREET MIDDLETOWN, CT 06457	06-0897105	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARTER OAK HEALTH CENTER 21 GRAND ST HARTFORD, CT 06106	06-0986747	501(C)(3)	50,000				CANCER CONTROL
Whitehead Institute for Biomedical Research 9 Cambridge Center Cambridge, MA 02142	06-1043412	501(C)(3)	327,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWALK COMMUNITY HEALTH CENTER INC 120 CONNECTICUT AVE NORWALK, CT 06854	06-1436620	501(C)(3)	35,000				HPV ADVOCACY
SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD STE 200 Indianapolis, IN 46222	06-1645027	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN FAMILY HEALTH CENTERS 150 - 55TH ST BROOKLYN, NY 11220	11-1839567	501(C)(3)	50,000				CANCER CONTROL
PERSONAL CARE PRODUCTS COUNCIL FOUNDATION 1620 L ST NW STE 1200 Washington, DC 20036	13-1390920	501(C)(6)	767,328				PATIENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Joan & Sanford I Weill Medical College 1300 York Avenue Box 89 ATTN LOANNE ROARK New York, NY 10065	13-1623978	501(C)(3)	746,000				EXTRAMURAL RESEARCH GRANT
Sloan-Kettering Inst for Cancer Res 1275 York Avenue New York, NY 10065	13-1624182	501(C)(3)	1,512,736				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CITY UNIVERSITY OF NEW YORK 365 Fifth Avenue New York, NY 10016	13-1988190	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT
PROJECT RENEWAL 200 VARICK ST 9TH FLOOR New York, NY 10014	13-2602882	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR FAMILY MEDICAL CTRS 165 MAIN ST OSSINING, NY 10562	13-2813103	501(C)(3)	47,348				Cancer Ctrl and Healthcare Systems
HUDSON RIVER HEALTH CARE 1037 MAIN ST PEEKSKILL, NY 10566	13-2828349	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New York University School of Medicine One Park Avenue 6th Floor New York, NY 10016	13-5562308	501(C)(3)	2,245,500				EXTRAMURAL RESEARCH GRANT
Beth Israel Medical Center dba Mount Sinai Beth Is 1st Avenue at 16th Street New York, NY 10003	13-5564934	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia University Medical Center 630 West 168th Street Box 49 New York, NY 10032	13-6162924	501(C)(3)	1,192,000				EXTRAMURAL RESEARCH GRANT
Icahn School of Medicine at Mount Sinai One Gustave L Levy Place Box 1075 New York, NY 10029	13-6171197	501(C)(3)	775,500				Research and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Res Fdn of SUNY Univ of buffalo 402 Crofts Hall Buffalo, NY 14260	14-1368361	501(C)(3)	18,921				EXTRAMURAL RESEARCH GRANT
Health Research Inc Roswell Park Cancer Inst Elm and Carlton Streets Buffalo, NY 14263	14-1402155	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NDRI USA Inc 71 West 23rd Street New York, NY 10010	14-1727514	501(C)(3)	487,000				EXTRAMURAL RESEARCH GRANT
N TEXAS AREA COMMUNITY HEALTH CENTERS INC 2106 N MAIN ST FORT WORTH, TX 76164	15-4211798	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UPSTATE FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210	16-1068101	501(C)(3)	37,700				Breast and Colorectal Edu
COMMUNITY HEALTH CENTER OF BUFFALO INC 34 BENWOOD AVE Buffalo, NY 14214	16-1566929	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGAPE COMMUNITY HEALTH CENTER 120 KING ST JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	35,000				Colorectal and Cancer Ctrl
EVITI INC 1800 JFK BLVD 9TH FLOOR Philadelphia, PA 19103	20-2049693	Other	161,336				NCIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKING COMPANY OF AMERICA LLC 3165 GARFIELD AVE Los Angeles, CA 90040	20-2264403	Other	138,117				IMPROVE HEALTHCARE SYSTEMS
EASTERN IOWA HEALTH CENTER 1201 3RD AVE SE CEDAR RAPIDS, IA 52403	20-2405575	501(C)(3)	81,351				Colorectal and Healthcare Systems

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOB PERKS CANCER ASSISTANCE FUND 1290 DEERBROOK DR PORT MATILDA, PA 16870	20-4220990	501(C)(3)	30,518				CANCER CONTROL
PROMISE COMMUNITY HEALTH CENTER 338 1ST AVE NW SIOUX CENTER, IA 51250	20-5896415	501(C)(3)	32,760				IMPROVE HEALTHCARE SYSTEMS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Cooper Health System (TCHS) One Cooper Plaza Camden, NJ 08103	21-0634462	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT
NORTH HUDSON COMMUNITY ACTION CORPORATION 800 31ST ST UNION CITY, NJ 07087	22-1818699	501(C)(3)	70,206				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE FAMILY HEALTHCARE 300 WATER ST SUITE 200 WILMINGTON, DE 19801	22-2488654	501(C)(3)	12,500				CANCER CONTROL
MAINE PRIMARY CARE ASSOCIATION 73 WINTHROP STREET AUGUSTA, ME 04330	22-2630127	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZUFALL HEALTH CENTER 18 W BLACKWELL ST DOVER, NJ 07801	22-3125397	501(C)(3)	12,500				CANCER CONTROL
VISITING NURSES ASSOCIATION OF CAPE CODE 434 ROUTE 134 SUITE D3 SOUTH DENNIS, MA 02660	22-3321236	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEDICAL CENTER 99 ROUTE 37 WEST TOMS RIVER, NJ 08754	22-3452306	501(C)(3)	10,875				PATIENT SUPPORT
JEWISH RENAISSANCE MEDICAL CTR 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wake Forest University Health Sciences Medical Center Blvd WinstonSalem, NC 27157	22-3849199	501(C)(3)	771,000				EXTRAMURAL RESEARCH GRANT
MONTCLAIR STATE UNIVERSITY 1 NORMAL AVE MONTCLAIR, NJ 07043	22-6017209	501(C)(3)	14,561				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Children's Hospital of Philadelphia 3615 Civic Center Blvd Philadelphia, PA 19104	23-1352166	501(C)(3)	1,192,999				Research and Healthcare Systems
Thomas Jefferson University 125 S 9th Street Sheridan Building Philadelphia, PA 19107	23-1352651	501(C)(3)	1,152,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Trustees of the University of Penn 3451 Walnut Street Franklin Buildn Philadelphia, PA 19104	23-1352685	501(C)(3)	1,278,000				Research, Colorectal Edu and Tobacco Ctrl
HLTH ANNEX OF THE FAM PRAC & CNSL NET 6120 WOODLAND AVE Philadelphia, PA 19142	23-1727133	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMILTON HEALTH CENTER INC 110 S 17TH ST HARRISBURG, PA 17104	23-1858363	501(C)(3)	17,500				COLORECTAL EDUCATION AND HEALTH
SCRANTON PRIMARY HEALTH CARE CENTER INC 959 WYOMING AVE SCRANTON, PA 18509	23-2024511	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESO DE LATINOS UNIDOS INC 216 WEST SOMERSET ST Philadelphia, PA 19133	23-2051143	501(C)(3)	37,500				BREAST EDUCATION AND HEALTH
DELAWARE VALLEY COMMUNITY HLTH 401 W ALLEGHENY AVE Philadelphia, PA 19133	23-2077750	501(C)(3)	7,500				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST LANCASTER HEALTH SERVICES 333 N ARCH ST LANCASTER, PA 17603	23-2160896	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH
KEYSTONE HEALTH 755 NORLAND AVE CHAMBERSBURG, PA 17201	23-2215866	501(C)(3)	37,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEISINGER HEALTH SYSTEM CME OFFICE 100 N ACADEMY AVE DANVILLE, PA 17822	23-2311553	501(C)(4)	7,500				IMPROVE HEALTHCARE SYSTEMS
The Research Institute of Fox Chase Cancer Center 333 Cottman Avenue Philadelphia, PA 19111	23-6296135	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97201	23-7083114	501(C)(3)	128,432				IMPROVE HEALTHCARE SYSTEMS
MERRITT COLLEGE 12500 CAMPUS DR Oakland, CA 94619	23-7091547	501(C)(3)	14,998				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTRY DOCTOR COMMUNITY HEALTH CENTERS 500 19TH AVE EAST Seattle, WA 98112	23-7100868	501(C)(3)	7,500				IMPROVE HEALTHCARE SYSTEMS
AUX OF JOHN H STROGER JR HOSP OF COOK CO 1900 WEST POLK GL-3 Chicago, IL 60612	23-7103817	501(C)(3)	6,500				BREAST EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY FIRST HEALTH 116 S GEORGE ST YORK, PA 17401	23-7118262	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH
Ludwig Institute for Cancer Research Ltd 9500 Gilman Drive MC-0660 CMM-East La Jolla, CA 92093	23-7121131	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fred Hutchinson Cancer Research Center 1100 Fairview Avenue N J6-500 PO Bo Seattle, WA 98109	23-7156071	501(C)(3)	1,316,500				EXTRAMURAL RESEARCH GRANT
West Side Community Healh Services Inc 153 CESAR CHAVEZ ST ST PAUL, MN 55107	23-7156236	501(C)(3)	61,875				Colorectal and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DALLAS INTER-TRIBAL CENTER INC 1283 RECORD CROSSING RD Dallas, TX 75235	23-7156945	501(C)(3)	36,125				CANCER CONTROL
TRI-CITY HEALTH CENTER 39465 PASEO PADRE PARKWAY FREMONT, CA 94538	23-7255435	501(C)(3)	56,875				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WESTERN MARYLAND HEALTH CARE CORPORATION 1027 MEMORIAL DR Oakland, MD 21550	23-7300642	501(C)(3)	10,000				CANCER CONTROL
CHESPENN HEALTH SERVICES INC 125 E 9TH ST CHESTER, PA 19013	23-7354899	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD MEDICAL CENTER 438 WEST BREVARD ST TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH
OHIOHEALTH FOUNDATION 1087 DENNISON AVE Columbus, OH 43201	23-7446919	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENNSYLVANIA STATE UNIVERSITY 112 SHIELDS BUILDING UNIVERSITY PARK, PA 16802	24-6000376	501(C)(3)	807,000				Research and Tobacco Ctrl
University of Pittsburgh 123 University Place Pittsburgh, PA 15213	25-0965591	501(C)(3)	2,988,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY CARE HEALTH SERVICES 7227 HAMILTON AVE Pittsburgh, PA 15208	25-1300356	501(C)(3)	25,000				CANCER CONTROL
CORNERSTONE CARE 501 W HIGH ST WAYNESBURG, PA 15370	25-1346194	501(C)(3)	45,000				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY HEALTH NETWORK 100 SHENANGO AVE SHARON, PA 16146	25-1381800	501(C)(3)	50,000				Breast and Colorectal Edu
COMMUNITY HEALTH NET 1202 STATE ST ERIE, PA 16501	25-1490791	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 WEST THIRD ST DAYTON, OH 45402	26-1253235	501(C)(3)	12,500				CANCER CONTROL
UNITED FAMILY MEDICINE 1026 W 7TH ST SAINT PAUL, MN 55102	27-0052697	501(C)(3)	52,138				Colorectal and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFIELD COMMUNITY HEALTH CTR 207 SOUTH BROAD ST LANCASTER, OH 43130	27-1092132	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH
CLINTON HEALTH ACCESS INITIATIVE 383 DORCHESTER AVE STE 400 Boston, MA 02127	27-1414646	501(C)(3)	629,200				Cervical and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NANTHEALTH INC 9920 JEFFERSON BLVD CULVER CITY, CA 90232	27-3019889	Other	35,853				NCIC
BERKS COMMUNITY HEALTH CENTER 645 PENN ST STE 301 READING, PA 19601	27-3795179	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRING BRANCH COMM HLTH CTR 1615 HILLENDAHL BLVD STE 100 Houston, TX 77055	30-0198705	501(C)(3)	12,500				CANCER CONTROL
WESTERN WAYNE FAMILY HEALTH CENTERS 26650 EUREKA RD STE C TAYLOR, MI 48180	30-0281587	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEALTHCARE CONNECTION 1401 STEFFEN AVE CINCINNATI, OH 45215	31-0822524	501(C)(3)	10,625				CANCER CONTROL
UC BLUE ASH COLLEGE UNIVERSITY OF CIN 9555 PLAINFIELD ROAD BLUE ASH, OH 45236	31-0896555	501(C)(3)	7,500				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VIEW HEALTH CENTERS 227 VALLEYVIEW DR WAVERLY, OH 45690	31-1072406	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH
CHRISTIAN COMMUNITY HEALTH SERVICES DBA CROSSROAD HEALTH CENTER CINCINNATI, OH 45202	31-1321054	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS NEIGHBORHOOD HEALTH CENTER 1800 WATERMARK DR STE 420 Columbus, OH 43216	31-1533908	501(C)(3)	10,000				CANCER CONTROL
CONQUER CANCER FOUNDATION OF ASCO 2318 MILL RD STE 800 ALEXANDRIA, VA 22314	31-1667995	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas A&M University Health Science Center 400 Harvey Mitchell Parkway South College Station, TX 77845	31-1702109	501(C)(3)	903,500				EXTRAMURAL RESEARCH GRANT
ASIAN AMERICAN HEALTH COALITION - HOPE CLINIC 7001 CORPORATE DR STE 120 Houston, TX 77036	31-1756818	501(C)(3)	43,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OH ACADEMY OF FAMILY PHYSICIAN 4075 N HIGH ST Columbus, OH 43214	31-4398155	501(C)(6)	15,000				COLORECTAL EDUCATION AND HEALTH
BOARD OF HEALTH CITY OF CINCINNATI 3101 BURNET AVE CINCINNATI, OH 45229	31-6000064	GOVT	37,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	501(C)(1)	963,000				Research and Colorectal Edu
Ohio University 104 Research and Technology Buildin Athens, OH 45701	31-6402113	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Scripps Research Institute - Florida 130 Scripps Way Jupiter, FL 33458	33-0435954	501(C)(3)	111,500				EXTRAMURAL RESEARCH GRANT
LA MAESTRA FAMILY CLINIC INC 4060 FAIRMOUNT AVE SAN DIEGO, CA 92105	33-0473171	501(C)(3)	35,625				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAC HEALTH SYSTEM 1454 E SECOND ST SAN BERNARDINO, CA 92410	33-0664371	501(C)(3)	12,500				CANCER CONTROL
NORTHEAST OHIO NEIGHBORHOOD HEALTH SVCS INC 4800 PAYNE AVE Cleveland, OH 44103	34-1014291	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501(C)(3)	1,562,000				EXTRAMURAL RESEARCH GRANT
OHIO ASSOC OF COMM HLTH CTRS 4150 INDIANOLA AVE Columbus, OH 43214	34-1439025	501(C)(3)	57,500				Colorectal and Healthcare Systems

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST GENERAL MEDICAL GROUP INC 18697 BAGLEY RD MIDDLEBURG HEIGHTS, OH 44130	34-1652755	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH
CARE ALLIANCE HEALTH CENTER 1530 ST CLAIR AVE NE Cleveland, OH 44114	34-1748776	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOWLING GREEN STATE UNIVERSITY MARSHALL ROSE BOWLING GREEN, OH 43403	34-6007199	501(C)(3)	15,000				TOBACCO CONTROL
RAPHAEL HEALTH CENTER 401 E 34TH ST Indianapolis, IN 46205	35-1948768	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHNET INC 1021 W 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	50,000				CANCER CONTROL
Vanderbilt University Medical Center 3319 West End Avenue STE 970 Nashville, TN 37203	35-2528741	501(C)(3)	789,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana University 980 Indiana Avenue Room 2232 Indianapolis, IN 46202	35-6001673	501(C)(3)	1,985,000				Research and Tobacco Ctrl
Purdue University 155 S Grant Street West Lafayette, IN 47907	35-6002041	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loyola University Chicago 2160 South First Avenue SSOM Maywood, IL 60153	36-1408475	501(C)(3)	812,000				EXTRAMURAL RESEARCH GRANT
Northwestern University - Chicago Campus Rubloff Building 7th Floor Chicago, IL 60611	36-2167817	501(C)(3)	1,573,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT XAVIER UNIVERSITY 3700 W 103RD ST 750 North Lake Shore Drive Chicago, IL 60655	36-2177133	501(C)(3)	15,000				TOBACCO CONTROL
The University of Chicago 5801 South Ellis Avenue Chicago, IL 60637	36-2177139	501(C)(3)	2,254,000				EXTRAMURAL RESEARCH GRANT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HEALTH CARE 400 N HIGHLAND AVE AURORA, IL 60506	36-2182095	501(C)(3)	25,000				CANCER CONTROL
AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER 633 N ST CLAIR ST Chicago, IL 60611	36-2192800	501(C)(3)	1,417,195				Research and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEKTOEN INST LLC FUND 03838 2240 W OGDEN AVE FLOOR 2 Chicago, IL 60612	36-2244897	501(C)(3)	73,618				BREAST EDUCATION AND HEALTH
COMMUNITY HEALTH PARTNERSHIP 205 W RANDOLPH STE 2222 Chicago, IL 60606	36-3798678	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARK COUNTY SCHOOL DISTRICT 300 VAN BUREN ST WYOMING, IL 61491	36-4416405	501(C)(3)	10,668				GENERAL NUTRITION ACTIVITIES
RURAL HEALTH INC 513 N MAIN ST ANNA, IL 62906	37-1056692	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIV OF ILL 506 S WRIGHT STREET URBANA, IL 61801	37-6000511	501(C)(3)	937,000				Research and Cancer Ctrl
HEALTH DELIVERY INC 501 LAPEER SAGINAW, MI 48607	38-1908328	501(C)(3)	56,250				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVENPORT UNIVERSITY 6191 KRAFT AVE SE Grand Rapids, MI 49512	38-1945965	501(C)(3)	15,000				TOBACCO CONTROL
CHERRY STREET HEALTH SERVICES 100 CHERRY STREET SE Grand Rapids, MI 49503	38-2853534	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT COMMUNITY CARE 5716 MICHIGAN AVE Detroit, MI 48210	38-3533998	501(C)(3)	22,500				COLORECTAL EDUCATION AND HEALTH
The Regents of the University of Michigan 3003 S State Street Ann Arbor, MI 48109	38-6006309	501(C)(3)	1,699,500				Research and Tobacco Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Wayne State University 5057 Woodward Ste 13202 Detroit, MI 48202	38-6028429	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
OAKLAND UNIVERSITY 2200 N SQUIRREL RD Rochester, MI 48309	38-6078765	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Medical College of Wisconsin Inc 8701 Watertown Plank Rd PO Box 2 Milwaukee, WI 53226	39-0806261	501(C)(3)	400,000				Research and Breast Edu
AURORA WALKER'S POINT COMMUNITY CLINIC 130 W BRUCE ST STE 200 Milwaukee, WI 53204	39-1442285	501(C)(3)	10,625				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE HEALTH SERVICES INC 2555 N MARTIN L KING JR DR Milwaukee, WI 53212	39-1664109	501(C)(3)	25,000				CANCER CONTROL
University of Wisconsin - Milwaukee UWM Office of Research PO Box 340 Milwaukee, WI 53201	39-1805963	501(C)(3)	112,500				Breast Edu and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF SOUTHERN IOWA 302 NE 14TH ST LEON, IA 50144	39-1908462	501(C)(3)	12,500				CANCER CONTROL
PROGRESSIVE COMM HEALTH CENTER 3522 W LISBON AVE Milwaukee, WI 53208	39-1958810	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Board of Regents Univ of Wisconsin System 21 North Park Street Suite 6401 Madison, WI 53715	39-6006492	501(C)(3)	812,000				Research and Cancer Ctrl
NEIGHBORHOOD HEALTHSOURCE 3300 FREEMONT AVENUE N Minneapolis, MN 55412	41-1235064	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northpoint Health & Wellness 1313 Penn Avenue North Minneapolis, MN 55411	41-6005801	Other	12,500				CANCER CONTROL
Regents of the University of Minnesota 450 McNamara Alumni Center 200 Oak Minneapolis, MN 55455	41-6007513	GOVT	2,829,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mayo Clinic 200 FIRST STREET SW Rochester, MN 55905	41-6011702	501(C)(3)	34,000				Research and Tobacco Ctrl
PEOPLES COMMUNITY HEALTH CLINIC INC 905 FRANKLIN ST WATERLOO, IA 50703	42-1058629	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CARE INC 500 W RIVER DR DAVENPORT, IA 52801	42-1060724	501(C)(3)	37,599				Colorectal and Healthcare Systems
ALL CARE HEALTH CENTER 902 S 6TH ST COUNCIL BLUFFS, IA 51501	42-1466508	501(C)(3)	5,886				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Washington University in St Louis Campus Box 1054 One Brookings Drive St Louis, MO 63130	43-0653611	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
AFFINIA HEALTHCARE 1717 BIDDLE ST ST LOUIS, MO 63108	43-0817642	501(C)(3)	10,750				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAMUEL U RODGERS HEALTH CENTER 825 EUCLID AVE Kansas City, MO 64124	43-0899356	501(C)(3)	26,712				CANCER CONTROL
BETTY JEAN KERR PEOPLES HEALTH CENTERS INC 5701 DELMAR BLVD ST LOUIS, MO 63112	43-1036785	501(C)(3)	10,000				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG SPRINGS MEDICAL ASSOC INC PO BOX 157 ELIINGTON, MO 63638	43-1068291	501(C)(3)	12,500				CANCER CONTROL
California Institute for Biomedical Res 11119 North Torrey Pines Road Suite La Jolla, CA 92037	45-3682796	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIAGE CANCER 5265 S SLAUSON AVE CULVER CITY, CA 90230	45-5132661	501(C)(3)	20,000				CANCER CONTROL
DISTRICT CLINIC HOLDINGS INC 1150 45TH STREET WEST PALM BEACH, FL 33407	45-5591655	GOVT	25,000				Breast Edu and Cancer Ctrl

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZON HEALTH CARE INC 109 N MAIN AVE HOWARD, SD 57349	46-0341255	501(C)(3)	50,000				CANCER CONTROL
Rutgers The State University of New Jersey ORSP 65 Bergen Street Newark, NJ 07103	46-2354111	GOVT	300,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YOUNG PROFESSIONALS CHRONIC DISEASE NETWORK 651 HUNTINGTON AVE Boston, MA 02215	46-4724869	501(C)(3)	13,050				CANCER CONTROL
UNIV OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	151,473				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ONEWORLD COMMUNITY HEALTH CENTER 4920 S 30TH ST STE 107 Omaha, NE 68107	47-0548990	501(C)(3)	12,500				CANCER CONTROL
Board of Regents of the Univ of Nebraska 987835 Nebraska Medical Center Omaha, NE 68198	47-0771713	501(C)(3)	20,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UTWEST INSTITUTE FOR CANCER RESEARCH 7945 WOLF RIVER BLVD GERMANTOWN, TN 38138	47-1358542	501(C)(3)	75,000				CANCER CONTROL
Albert Einstein College of Medicine Inc 1300 Morris Park Avenue Belfer 312 Bronx, NY 10461	47-2209056	501(C)(3)	903,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Kansas Med Cntr Res Inst MSN 1039 3901 Rainbow Boulevard Kansas City, KS 66103	48-1108830	501(C)(3)	1,304,000				EXTRAMURAL RESEARCH GRANT
HEALTH PARTNERSHIP CLINIC 407 S CLAIRBORNE RD 104 OLATHE, KS 66062	48-1115529	501(C)(3)	35,875				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BEN ARCHER HEALTH CENTER PO BOX 370 HATCH, NM 87937	51-0158976	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS
Johns Hopkins University 733 N Broadway Suite 117 Baltimore, MD 21205	52-0595110	501(C)(3)	2,583,428				Research and Cancer Ctrl



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL CANCER INSTITUTE 31 Center Drive Suite 4A48 Bethesda, MD 20892	52-0858115	Other	188,500				Extramural and Intramural Reseach
GREATER BADEN MEDICAL SERVICES 7450 ALBERT RD BRANDYWINE, MD 20613	52-0961414	501(C)(3)	10,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF BALTIMORE 631 CHERRY HILL ROAD Baltimore, MD 21225	52-1118424	501(C)(3)	25,000				CANCER CONTROL
SENTARA HEALTHCARE SYSTEMS 600 GRESHAM DRIVE NORFOLK, VA 23507	52-1271901	501(C)(3)	30,000				BREAST EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BON SECOURS 5838 HARBOUR VIEW BLVD SUITE 260 SUFFOLK, VA 23435	52-1538513	501(C)(3)	10,000				BREAST EDUCATION AND HEALTH
MARY'S CENTER FOR MATERNAL & CHILD CARE INC 2333 ONTARIO RD NW ATTN MARIA GOMEZ Washington, DC 20009	52-1594116	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCHAMERICA 1101 KING ST STE 250 ALEXANDRIA, VA 22314	52-1609875	501(C)(3)	7,500				CANCER CONTROL
ASPEN CANCER CONFERENCE INC 4383 MEDICAL DRIVE STE 100 SAN ANTONIO, TX 78229	52-1746776	501(C)(3)	16,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPAIGN FOR TOBACCO-FREE KIDS 1400 I STREET NW STE 1200 Washington, DC 20005	52-1969967	501(C)(3)	175,000				Cancer Ctrl and Healthcare Systems
TOBACCO FREE KIDS ACTION FUND 1400 I ST NW STE 1200 Washington, DC 20005	52-1974904	501(C)(4)	150,000				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CANCER RESEARCH 1001 G ST NW STE 900 EAST Washington, DC 20001	52-1983273	501(C)(3)	25,000				CANCER CONTROL
Van Andel Research Institute 333 Bostwick Ave NE Grand Rapids, MI 49503	52-2000823	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACT INSTITUTE 1828 L ST NW STE 300 Washington, DC 20036	52-2131854	501(C)(3)	165,192				CANCER CONTROL
University of Maryland-College Park 3112 Lee Building 7809 Regents Driv College Park, MD 20742	52-6002033	Other	3,449,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Georgetown University 4000 Reservoir Rd NW Room 162 Bu Washington, DC 20007	53-0196603	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT
NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST NW Washington, DC 20001	53-0196932	501(C)(3)	525,000				Research and Cancer Ctrl



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN VA HEALTH SYSTEM 1033 28TH ST 2ND FLOOR NEWPORT NEWS, VA 23607	54-1083954	501(C)(3)	12,500				CANCER CONTROL
PORTSMOUTH COMMUNITY HEALTH CTR 664 LINCOLN ST PORTSMOUTH, VA 23704	54-1626757	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PATIENT ADVOCATE FOUNDATION 421 BUTLER FARM RD HAMPTON, VA 23666	54-1806317	501(C)(3)	500,000				NCIC
VERNON J HARRIS E END COMM HLTH CNTR 2025 E MAIN ST STE 105 Richmond, VA 23233	54-1884190	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDCARE INC 2330 S CONGRESS AVE WEST PALM BEACH, FL 33406	54-2083748	501(C)(3)	34,482				Colorectal and Cancer Ctrl
Virginia Commonwealth University PO BOX 980568 Richmond, VA 23298	54-6001758	GOVT	842,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Rector and Visitors of the Univ of VA PO Box 400195 Charlottesville, VA 22904	54-6001796	501(C)(3)	1,595,000				EXTRAMURAL RESEARCH GRANT
NEW RIVER HEALTH ASSOCIATION PO BOX 337 SCARBRO, WV 25917	55-0581968	501(C)(3)	50,194				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
West Virginia University 1 Medical Center Dr Morgantown, WV 26506	55-0665758	501(C)(3)	210,000				EXTRAMURAL RESEARCH GRANT
CABIN CREEK HEALTH SYSTEMS 5722 CABIN CREEK RD DAWES, WV 25054	55-0709223	501(C)(3)	75,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETSU RESEARCH FOUNDATION 405 ROSS HALL JOHNSON CITY, TN 37614	55-0788917	501(C)(3)	12,500				CANCER CONTROL
Northeast Florida Health Services Inc 216 N FREDERICK ST PIERSON, FL 32180	55-0799729	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University Suite 820 Erwin Square 2200 West M Durham, NC 27705	56-0532129	501(C)(3)	2,607,500				EXTRAMURAL RESEARCH GRANT
LENOIR RHYNE UNIVERSITY 625 7TH AVE NE PO BOX 7225 HICKORY, NC 28601	56-0556753	501(C)(3)	9,375				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE COMM HEALTH SVCS 2579 CHIMNEY ROCK RD HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	12,500				CANCER CONTROL
PIEDMONT COMMUNITY COLLEGE 1662 SLADE RD BLANCH, NC 27212	56-1374039	501(C)(3)	9,827				TOBACCO CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINAS CONTRA CANCER PO BOX 64 SAN JOSE, CA 95103	56-2412069	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS
EAST CAROLINA UNIVERSITY 1000 E 5TH ST GREENVILLE, NC 27858	56-6000403	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of North Carolina at Chapel Hill 104 Airport Drive Suite 2200 Chapel Hill, NC 27599	56-6001393	501(C)(3)	1,055,000				EXTRAMURAL RESEARCH GRANT
BEAUFORT JASPER HAMPTON COMP HEALTH SERV 1320 RIBAUT RD Campus Box 1350 PORT ROYAL, SC 29935	57-0523586	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE RIVER MEDICAL CENTER 4303 LIVE OAK DRIVE LITTLE RIVER, SC 29566	57-0672117	501(C)(3)	12,500				CANCER CONTROL
EAU CLAIRE COOPERATIVE HEALTH CENTERS INC 1800 ST JULIAN PL STE 308 COLUMBIA, SC 29209	57-0965445	501(C)(3)	80,923				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENESIS HEALTH CARE PO BOX 5158 SPARTANBURG, SC 29304	57-1084051	501(C)(3)	35,625				CANCER CONTROL
Medical University of South Carolina 19 Hagood Ave Suite 606 MSC 808 Charleston, SC 29425	57-6000722	501(C)(3)	630,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Emory University - Winship Cancer Institute 1365C Clifton Road NE Suite C2001 Atlanta, GA 30322	58-0566256	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
SOUTHWEST GEORGIA HEALTH CARE 804 E 16TH AVE CORDELE, GA 31015	58-1335405	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY AREA PRIMARY HEALTHCARE 204 NORTH WESTOVER BLVD ALBANY, GA 31707	58-1344015	501(C)(3)	12,500				CANCER CONTROL
OAKHURST MEDICAL CENTERS INC 5582 MEMORIAL DR STONE MOUNTAIN, GA 30083	58-1413957	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOSEPHS MERCY FNDN 424 DECATUR ST SE Atlanta, GA 30312	58-1448522	501(C)(3)	11,275				BREAST EDUCATION AND HEALTH
UNIVERSITY OF GEORGIA 114 BARROW HALL Athens, GA 30602	58-6001998	Other	15,000				BREAST AND CERVICAL EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Miami 1320 South Dixie Highway Suite 650 CORAL GABLES, FL 33146	59-0624458	501(C)(3)	832,000				Research and Cancer Ctrl
SACRED HEART HEALTH SYSTEM 5151 NORTH 9TH AVE PENSACOLA, FL 32504	59-0634434	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA HOSPITAL MEMORIAL FDTN 301 MEMORIAL MEDICAL PKWY DAYTONA BEACH, FL 32117	59-0973502	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH
UNIVERSITY OF FLORIDA 219 GRINTER HALL GAINESVILLE, FL 32611	59-0974739	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESSIE TRICE COMMUNITY HEALTH CENTER INC 5607 NW 27TH AVE MIAMI, FL 33142	59-1235617	501(C)(3)	43,750				CANCER CONTROL
COMMUNITY HEALTH OF SOUTH FL 10300 SW 216 STREET MIAMI, FL 33190	59-1372690	501(C)(3)	35,659				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTRAL FL HEALTH CARE INC 950 COUNTY RD 17A WEST AVON PARK, FL 33825	59-1404594	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH
BORINQUEN MEDICAL CENTERS 3601 FEDERAL HIGHWAY MIAMI, FL 33161	59-1417397	501(C)(3)	97,526				CANCER CONTROL

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COMMUNITY HEALTH CENTERS INC 110 S WOODLAND ST WINTER GARDEN, FL 34787	59-1480970	501(C)(3)	53,105				Colorectal and Cancer Ctrl
PROJECT HEALTH INC 1425 S US HIGHWAY 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTER OF SW FL 2258 HELTMAN ST FORT MYERS, FL 33901	59-1741273	501(C)(3)	57,292				Colorectal and Cancer Ctrl
HEALTHCARE NETWORK OF SW FL 1454 MADISON AVE WEST IMMOKALEE, FL 34142	59-1741277	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD, FL 32771	59-1741286	501(C)(3)	42,037				Colorectal and Cancer Ctrl
MANATEE COUNTY RURAL HEALTH SERVICES INC 700 8TH AVE W STE 101 PALMETTO, FL 34221	59-1773262	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MIAMI BEACH COMMUNITY HEALTH 11645 BISCAYNE BLVD SUITE 207 NORTH MIAMI, FL 33181	59-1829984	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH
CITRUS HEALTH NETWORK 4125 WEST 20TH AVE HIALEAH, FL 33012	59-1865751	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTH FLORIDA MEDICAL CENTERS 2804 REMINGTON GREEN CIRCLE SUITE TALLAHASSEE, FL 32308	59-1915144	501(C)(3)	11,676				CANCER CONTROL
PREMIER COMMUNITY HEALTHCARE 37912 CHURCH AVE DADE CITY, FL 33525	59-1964612	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF PINELLAS 1344 22ND ST S ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	50,000				CANCER CONTROL
FLORIDA HOSPITAL CANCER INSTITUTE 2501 N ORANGE AVE STE 283 ORLANDO, FL 32804	59-2219301	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAMPA FAMILY HEALTH CENTERS PO BOX 82969 Tampa, FL 33682	59-2420282	501(C)(3)	11,154				CANCER CONTROL
BOND COMMUNITY HEALTH CENTER 1720 S GADSDEN ST TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H Lee Moffitt Cancer CNTR & Res Institute 12902 Magnolia Drive Office of Spon Tampa, FL 33612	59-2451713	501(C)(3)	816,000				EXTRAMURAL RESEARCH GRANT
COMM AIDS RESOURCE INC DBA CARE RESOURCE 3510 BISCAYNE BLVD MIAMI, FL 33137	59-2564198	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PALMS MEDICAL GROUP 23343 NW CR 236 HIGH SPRNGS, FL 32643	59-2871302	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVE OCALA, FL 34471	59-3060378	501(C)(3)	48,234				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of South Florida 3702 Spectrum Blvd Suite 165 Tampa, FL 33612	59-3102112	GOVT	20,000				EXTRAMURAL RESEARCH GRANT
ESCAMBIA COMMUNITY CLINICS INC 14 W JORDAN ST PENSACOLA, FL 32501	59-3105246	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH

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THE CHAUTAUQUA CENTER INC 319 CENTRAL AVE DUNKIRK, NY 14048	59-3202367	501(C)(3)	36,750				CANCER CONTROL
TREASURE COAST COMMUNITY HEALTH 12196 CR 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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I M SULZBACHER CENTER FOR THE HOMELESS 611 E ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	20,625				Colorectal and Cancer Ctrl
WECARE JACKSONVILLE INC 4080 WOODCOCK DRIVE SUITE 130 JACKSONVILLE, FL 32207	59-3431724	501(C)(3)	7,500				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BROWARD COMM & FAMILY HEALTH CENTERS INC 5010 HOLLYWOOD BLVD HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH
Hosparus Inc 3532 Ephraim McDowell Drive Louisville, KY 40205	61-0921718	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT



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University of Louisville Res FDN Inc 300 E Market Street Suite 300 Louisville, KY 40202	61-1029626	501(C)(3)	40,000				EXTRAMURAL RESEARCH GRANT
University of Kentucky Research Foundation 109 Kinkead Hall Lexington, KY 40506	61-6033693	501(C)(3)	1,062,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE HEALTH SYSTEMS 6350 W ANDREW JOHNSON HWY TALBOTT, TN 37877	62-0637925	501(C)(3)	12,500				COLORECTAL EDUCATION AND HEALTH
St Jude Children's Research Hospital 262 Danny Thomas Place Mail Stop 7 Memphis, TN 38105	62-0646012	501(C)(3)	1,515,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMPHIS HEALTH CENTER 360 EH CRUMP BLVD Memphis, TN 38126	62-0818892	501(C)(3)	12,500				CANCER CONTROL
MATTHEW WALKER COMPREHENSIVE HEALTH CENTER INC 1035 14TH AVE NORTH Nashville, TN 37208	62-1035426	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST COMMUNITY HEALTH SRVCS 2595 CENTRAL AVE Memphis, TN 38104	62-1583270	501(C)(3)	75,000				CANCER CONTROL
HEALTH SERVICES INC PO BOX 70365 MONTGOMERY, AL 36107	63-0568762	501(C)(3)	51,628				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PRIMARY HEALTH CENTER 1301 DR MARTIN LUTHER KING JR MOBILE, AL 36603	63-0695975	501(C)(3)	43,750				CANCER CONTROL
CAPSTONE RURAL HEALTH CLINIC 5947 ALABAMA 269 PARRISH, AL 35580	63-1276483	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Alabama at Birmingham 1720 2nd Avenue South Birmingham, AL 35294	63-6005396	Other	1,192,750				EXTRAMURAL RESEARCH GRANT
CAMILLUS HEALTH CONCERN INC 336 NW 5TH ST MIAMI, FL 33136	65-0063921	501(C)(3)	6,063				COLORECTAL EDUCATION AND HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Foundation of the Virgin Islands CFVI PO Box 11790 St Thomas, VI 00801	66-0470703	501(C)(3)	50,000				INDIRECT FINANCIAL ASSISTANCE
EXCELTH INC 1515 POYDRAS ST STE 1070 NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAUGHTERS OF CHARITY SVCS OF NEW ORLEANS 3201 S CARROLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	12,500				CANCER CONTROL
INDIAN HEALTH CARE RESOURCE CENTER OF TULSA 550 S PEORIA AVE TULSA, OK 74120	73-1042545	501(C)(3)	12,500				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIETY CARE 3000 N GRAND AVE OKLA CITY, OK 73107	73-1088577	501(C)(3)	50,000				CANCER CONTROL
Board of Regents University of Oklahoma 865 Research Parkway URP865-450 Oklahoma City, OK 73104	73-1563627	501(C)(3)	792,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMM HLTH CENTERS OF SOUTH CENTRAL TEXAS 228 ST GEORGE ST GONZALES, TX 78629	74-1548089	501(C)(3)	50,000				CANCER CONTROL
Baylor College of Medicine One Baylor Plaza MS BCM 310 Houston, TX 77030	74-1613878	501(C)(3)	583,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRAZOS VALLEY COMMUNITY ACTION AGENCY INC 3370 S TEXAS AVE BRYAN, TX 77802	74-1715140	501(C)(3)	12,500				CANCER CONTROL
BARRIO COMPREHENSIVE FAMILY HEALTH CENTERS INC 3066 E COMMERCE ST SAN ANTONIO, TX 78220	74-1724391	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATASCOSA HEALTH CENTER INC 310 W OAKLAWN RD PLEASANTON, TX 78064	74-2089103	501(C)(3)	12,500				CANCER CONTROL
EL PASO COMM COLLEGE DISTRICT PO BOX 20500 EL PASO, TX 79998	74-2452971	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO COMMUNITY PROVIDER NETWORK INC 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501(C)(3)	47,625				Cancer Ctrl and Patient Support
Texas A&M University Corpus Christi 6300 OCEAN DR UNIT 5755 CORPUS CHRISTI, TX 78412	74-2491445	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arizona Board of Regents Univ of AZ P O Box 210158 Room 510 Tucson, AZ 85721	74-2652689	501(C)(3)	1,315,500				EXTRAMURAL RESEARCH GRANT
MIGRANT CLINICIANS NETWORK PO BOX 164285 Austin, TX 78716	74-2662919	501(C)(3)	15,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE & HEROES CHILDRENS CANCER FUND 161 FORT WASHINGTON AVE New York, NY 10032	74-3066193	501(C)(3)	932,871				CANCER CONTROL
The University of Texas at Austin 101 East 27th Street Suite 5300 IRVING PAVILION 7TH FLOOR Austin, TX 78712	74-6000203	501(C)(3)	840,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of Texas MD Anderson Cancer CNTR 1515 Holcombe Blvd Houston, TX 77030	74-6001118	501(C)(3)	4,136,000				EXTRAMURAL RESEARCH GRANT
University of Houston Ezekiel W Cullen 4302 University D Houston, TX 77204	74-6001399	501(C)(3)	1,708,000				EXTRAMURAL RESEARCH GRANT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS CHRISTIAN UNIVERSITY TCU BOX 297740 FORT WORTH, TX 76129	75-0827465	501(C)(3)	15,000				TOBACCO CONTROL
COMMUNITY HEALTH SERVICES AGENCY INC PO BOX 1908 GREENVILLE, TX 75402	75-1528614	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT Southwestern Medical Center 5323 Harry Hines Blvd Dallas, TX 75390	75-2556007	501(C)(3)	1,793,000				EXTRAMURAL RESEARCH GRANT
INTERAMERICAN HEART FOUNDATION 7272 GREENVILLE AVE Dallas, TX 75231	75-2605363	501(C)(3)	75,001				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGACY COMMUNITY HEALTH SVCS PO BOX 66308 Houston, TX 77266	76-0009637	501(C)(3)	50,000				CANCER CONTROL
GULF COAST HEALTH CENTER INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE CORAZON 7037 CAPITOL ST Houston, TX 77011	76-0442781	501(C)(3)	35,625				CANCER CONTROL
NAACCR 32960 ALVARADO-NILES RD STE 600 UNION CITY, CA 94587	77-0324654	501(C)(3)	61,032				INTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GENESIS COMMUNITY HEALTH INC 2623 SOUTH SEACREST BLVD SUITE 65 BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	32,045				Colorectal and Cancer Ctrl
CALIFORNIA STATE UNIVERSITY - SAN MARCOS 333 S TWIN OAKS VALLEY RD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	15,000				TOBACCO CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TERRY REILLY HEALTH SERVICES 223 16TH AVE N NAMPA, ID 83653	82-0300537	501(C)(3)	43,750				CANCER CONTROL
COMMUNITY HEALTH CENTER OF CENTRAL WYOMING 5000 BLACKMORE ROAD CASPER, WY 82609	83-0326307	501(C)(3)	31,091				IMPROVE HEALTHCARE SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALUD FAMILY HEALTH CENTERS 203 S ROLLIE AVE FT LUPTON, CO 80621	84-0613540	501(C)(3)	50,000				Cancer Ctrl and Healthcare Systems
The Regents of the University of Colorado 3100 Marine Street Room 481 572 UC Boulder, CO 80309	84-6000555	501(C)(3)	4,630,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF NEW MEXICO MESA VISTA HALL ROOM 3019 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	15,000				CANCER CONTROL
SUN LIFE FAMILY HEALTH CENTER 865 N ARIZOLA RD CASA GRANDE, AZ 85122	86-0296211	501(C)(3)	35,625				CANCER CONTROL



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MOUNTAIN PARK HEALTH CENTER 2702 N THIRD ST STE 4020 PHOENIX, AZ 85004	86-0498020	501(C)(3)	50,000				IMPROVE HEALTHCARE SYSTEMS
NORTH COUNTRY HEALTHCARE PO BOX 3630 FLAGSTAFF, AZ 86003	86-0663432	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS

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EL RIO HEALTH CTR FOUNDATION 839 W CONGRESS ST Tucson, AZ 85745	86-0816675	501(C)(3)	11,132				IMPROVE HEALTHCARE SYSTEMS
Primary Children's Hospital 100 North Mario Capecchi Drive Salt Lake City, UT 84113	87-0453633	501(C)(3)	24,000				EXTRAMURAL RESEARCH GRANT

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UTAH NAVAJO HEALTH SYSTEM PO BOX 130 MONTEZUMA CREEK, UT 84534	87-0560763	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS
University of Utah 75 S 2000 E Rm 111 Salt Lake City, UT 84112	87-6000525	501(C)(3)	553,500				EXTRAMURAL RESEARCH GRANT

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BREVARD HEALTH ALLIANCE INC 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	75,070				CANCER CONTROL
Seattle Children's Hospital 4800 Sand Point Way NE CW8-5A Seattle, WA 98105	91-0564748	501(C)(3)	729,000				EXTRAMURAL RESEARCH GRANT

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PEOPLE FOR PEOPLE 302 W LINCOLN AVE YAKIMA, WA 98902	91-0783225	501(C)(3)	7,000				PATIENT SUPPORT
HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	35,625				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEA MAR COMMUNITY HEALTH CTR 1112 SOUTH CUSHMAN TACOMA, WA 98405	91-1020139	501(C)(3)	25,013				IMPROVE HEALTHCARE SYSTEMS
NEW WASHINGTON HEALTH PROGRAMS PO BOX 808 CHEWELAH, WA 99109	91-1053847	501(C)(3)	7,500				IMPROVE HEALTHCARE SYSTEMS

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TRI-CITIES COMMUNITY HEALTH PO BOX 1452 PASCO, WA 99301	91-1138675	501(C)(3)	12,500				IMPROVE HEALTHCARE SYSTEMS
COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N WASHINGTON STE 300 SPOKANE, WA 99201	91-1641797	501(C)(3)	24,925				Cancer Ctrl and Healthcare Systems

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PANCARE OF FLORIDA INC 403 E 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	8,500				COLORECTAL EDUCATION AND HEALTH
University of Washington 4333 Brooklyn Ave NE Box 359472 Seattle, WA 98195	91-6001537	Other	1,853,500				Research, Breast Edu and Cancer Ctrl



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kaiser Foundation Research Institute 1800 Harrison Street 16th Floor Oakland, CA 94612	94-1105628	501(C)(3)	909,000				EXTRAMURAL RESEARCH GRANT
The BOT of the Leland Stanford JR 3160 Porter Drive Suite 100 Palo Alto, CA 94304	94-1156365	501(C)(3)	955,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAINT MARY'S COLLEGE OF CALIFORNIA 1928 ST MARYS RD MORAGA, CA 94556	94-1156599	501(C)(3)	15,000				TOBACCO CONTROL
The Regents of the Univ of Ca Santa CRUZ 1156 High Street Santa Cruz, CA 95064	94-1539563	501(C)(3)	111,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LA CLINICA DE LA RAZA INC 335 E LELAND RD PITTSBURG, CA 94565	94-1744108	501(C)(3)	12,500				CANCER CONTROL
MISSION NEIGHBORHOOD HEALTH CT 240 SHOTWELL ST San Francisco, CA 94110	94-2284365	501(C)(3)	11,038				CANCER CONTROL

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INDIAN HEALTH CENTER OF SCV 1333 MERIDIAN AVE SAN JOSE, CA 95125	94-2476242	501(C)(3)	22,450				CANCER CONTROL
CLINICA DE SALUD DEL VALLE DE SALINAS 440 AIRPORT BLVD SALINAS, CA 93905	94-2652757	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN NONSMOKERS RIGHTS FND 2530 SAN PABLO STE J Berkeley, CA 94702	94-2922136	501(C)(3)	50,000				TOBACCO CONTROL
PENINSULA COMMUNITY HEALTH SVC PO BOX 960 BREMERTON, WA 98337	94-3079770	501(C)(3)	7,500				IMPROVE HEALTHCARE SYSTEMS

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OPERATION ACCESS 1119 MARKET ST STE 400 San Francisco, CA 94103	94-3180356	501(C)(3)	10,000				COLORECTAL EDUCATION AND HEALTH
TX ONCOLOGY-MIDLAND ALLISON CANCER CNTR 400 ROSALIND REDFERN GROVER PK MIDLAND, TX 79701	94-3207296	501(C)(3)	58,090				PATIENT SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CALIFORNIA PRIMARY CARE ASSN 1231 I ST STE 400 SUITE 100 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000				IMPROVE HEALTHCARE SYSTEMS
The Regents of the Univ of CA BerkeLEY 2150 Shattuck Avenue Suite 300 Berkeley, CA 94704	94-6002123	501(C)(3)	320,000				EXTRAMURAL RESEARCH GRANT

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The Reg of the Univ of CA San FRANCISCO 3333 California Street San Francisco, CA 94143	94-6036493	501(C)(3)	560,500				EXTRAMURAL RESEARCH GRANT
USCUniversity of Southern California 3720 S Flower Street 3rd Floor Suite 315 Box 0692 Los Angeles, CA 90089	95-1642394	501(C)(3)	1,812,323				Research and Cancer Ctrl



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Institute of Technology 1200 E California Blvd M/C 201-15 Pasadena, CA 91125	95-1643307	501(C)(3)	163,500				EXTRAMURAL RESEARCH GRANT
Cedars-Sinai Medical Center 8700 Beverly Boulevard 65-Wil Sui Los Angeles, CA 90048	95-1644600	501(C)(3)	802,000				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the Univ of Ca (Irvine) 141 Innovation Suite 250 Irvine, CA 92697	95-2226406	501(C)(3)	1,152,000				EXTRAMURAL RESEARCH GRANT
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD Los Angeles, CA 90048	95-2539105	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMPIONS FOR HEALTH 5575 RUFFIN RD 250 SAN DIEGO, CA 92123	95-2568714	501(C)(3)	7,000				COLORECTAL EDUCATION AND HEALTH
VENICE FAMILY CLINIC 2509 PICO BLVD SANTA MONICA, CA 90405	95-2769432	501(C)(3)	25,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTHCARE 425 N DATE ST STE 203 ESCONDIDO, CA 92025	95-2796316	501(C)(3)	16,730				CANCER CONTROL
SAN YSIDRO HEALTH CENTER 1275 30TH ST SAN DIEGO, CA 92154	95-2801772	501(C)(3)	12,500				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTAMED HEALTH SERVICES CORP 2040 CAMFIELD AVE Los Angeles, CA 90040	95-2810095	501(C)(3)	12,500				CANCER CONTROL
NORTH COUNTY HEALTH PROJECT 150 VALPREDA RD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	50,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA COLORECTAL CANCER COALITION 2253 SOLEDAD RANCHO RD SAN DIEGO, CA 92109	95-3102332	501(C)(3)	50,000				COLORECTAL EDUCATION AND HEALTH
OMNI FAMILY HEALTH 4900 CALIFORNIA AVE STE 400B BAKERSFIELD, CA 93309	95-3218000	501(C)(3)	10,000				CANCER CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beckman Res Inst of the City of Hope 1500 East Duarte Road Duarte, CA 91010	95-3432210	501(C)(3)	1,375,000				EXTRAMURAL RESEARCH GRANT
The Regents of the Univ of CA Los ANGELES 11000 Kinross Avenue Suite 211 Los Angeles, CA 90095	95-6006143	501(C)(3)	2,394,500				EXTRAMURAL RESEARCH GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ of CA San Diego - Health Sciences 9500 Gilman Drive Mail Code 0041 La Jolla, CA 92093	95-6006144	501(C)(3)	327,000				EXTRAMURAL RESEARCH GRANT
ACS Cancer Action Network Inc 555 11th St NW Washington, DC 20004	52-2340031	501(c)(4)	34,771,281				Support ACS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society Puerto Rico Inc Calle Cabo Alverio 566 Hato Rey, PR 00918	66-0321594	501(c)(3)	135,782				Support ACS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Employer identification number**

13-1788491

Name of the organization  
American Cancer Society Inc

**Part I Questions Regarding Compensation**

	Yes	No									
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>										
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td><b>4a</b></td> <td>Yes</td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td><b>4b</b></td> <td>Yes</td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td><b>4c</b></td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes	<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	Yes									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>5a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>5b</b></td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>	No	<b>b</b> Any related organization?	<b>5b</b>	No					
<b>a</b> The organization?	<b>5a</b>	No									
<b>b</b> Any related organization?	<b>5b</b>	No									
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>6a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>6b</b></td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>	No	<b>b</b> Any related organization?	<b>6b</b>	No					
<b>a</b> The organization?	<b>6a</b>	No									
<b>b</b> Any related organization?	<b>6b</b>	No									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No									
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION	SCHEDULE J, PART I, LINE 4A GREGORY P BONTRAGER OTHER REPORTABLE COMPENSATION OF \$1,679,126 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$545,000, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON THE ORGANIZATION'S 2015, SCHEDULE J, AND THE FINAL CHANGE IN THE ACTUARIAL VALUE OF THE SUPPLEMENTAL EMPLOYEE RETIREMENT BENEFITS OF \$1,134,126, WHICH INCLUDES THE ACCUMULATED INTEREST ON THE BENEFIT BONTRAGER RETIRED FROM THE SOCIETY IN 2015 AFTER SERVING THE SOCIETY IN A VARIETY OF PROFESSIONAL STAFF ROLES FOR 25 YEARS DEFERRED COMPENSATION OF \$664,866 (PART II, LINE 3C) IS THE FINAL CHANGE IN THE ACTUARIAL VALUE OF QUALIFIED RETIREMENT BENEFITS LISA E ROTH OTHER REPORTABLE COMPENSATION OF \$274,793 (PART II, LINE 3B(III)) INCLUDES A SEVERANCE PAYMENT OF \$248,884
SCHEDULE J, PART I, LINE 4B	THE FILING ORGANIZATION MAINTAINS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ('SERP') AS PART OF THE TOTAL COMPENSATION ARRANGEMENTS FOR CERTAIN EXECUTIVES THE SERP IS DESIGNED TO RESTORE CERTAIN BENEFITS THAT ARE LOST AS A RESULT OF TAX RESTRICTIONS ON BENEFITS PAYABLE FROM THE TAX-QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AS PART OF THE COMPENSATION COMMITTEE (THE 'COMMITTEE') RESPONSIBILITIES, THE COMMITTEE CONSIDERS THE NEW AND TOTAL VALUES OF ALL SERP BENEFITS AS PART OF THE TOTAL COMPENSATION FOR EACH PARTICIPATING EXECUTIVE THE COMMITTEE PROCESS IS FULLY DESCRIBED IN SCHEDULE O AS RELATED TO PART IV, LINE 15 INCLUDED IN COLUMN B(III) IS AN AMOUNT REPRESENTING THE CURRENT YEAR CHANGE IN ACTUARIAL VALUE OF BENEFITS THESE AMOUNTS WERE NOT ACTUALLY PAID TO THE ELIGIBLE EXECUTIVES DURING THE YEAR THE INDIVIDUALS LISTED BELOW PARTICIPATED IN A SERP THE AMOUNT OF THE SERP BENEFIT IS NOTED NEXT TO THE NAME OF EACH INDIVIDUAL CATHERINE E MICKLE \$11,531 OTIS W BRAWLEY \$22,040 JOSEPH C CAHOON \$49,561 DAVID F VENEZIANO \$21,425 JUNG H KIM \$27,883 LISA E ROTH \$24,128
SUPPLEMENTAL INFORMATION REGARDING COMPENSATION	SCHEDULE J, PART II, COLUMN C INCLUDES DEFERRED COMPENSATION RELATED TO THE ANNUAL CHANGE IN ACTUARIAL VALUE OF A QUALIFIED DEFINED BENEFIT RETIREMENT PLAN AND A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE CHANGES ARE CAUSED BY SEVERAL FACTORS, INCLUDING ADDITIONAL YEARS OF SERVICE, CHANGES IN BASE SALARY, AND CHANGES IN ACTUARIAL ASSUMPTIONS, WHICH ARE REQUIRED TO BE USED TO VALUE THE BENEFITS PRIOR TO ACTUAL RETIREMENT, THESE ACTUARIAL (ESTIMATED) VALUES CAN INCREASE OR DECREASE FROM YEAR TO YEAR DEPENDING ON WHETHER CERTAIN ASSUMPTIONS INCREASE OR DECREASE

Additional Data

Software ID:  
Software Version:  
EIN: 13-1788491  
Name: American Cancer Society Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARY REEDY CHIEF EXECUTIVE OFFICER	(i)	662,878	0	4,901	83,150	1,450	752,379	0
	(ii)	60,262	0	445	7,559	132	68,398	0
1CATHERINE E MICKLE CHIEF FINANCIAL OFFICER	(i)	331,876	0	175,656	80,852	11,090	599,474	156,424
	(ii)	42,239	0	22,356	10,290	1,411	76,296	19,909
2GREGORY P BONTRAGER COO, FORMER	(i)	0	0	1,679,126	664,866	0	2,343,992	1,008,997
	(ii)	0	0	0	0	0	0	0
3OTIS W BRAWLEY CHIEF MED AND SCI OFFICER	(i)	447,984	0	247,075	101,047	1,223	797,329	210,833
	(ii)	0	0	0	0	0	0	0
4RICHARD C WENDER CHIEF CANCER CONTROL OFFICER	(i)	416,841	0	216,056	56,513	17,042	706,452	196,458
	(ii)	0	0	0	0	0	0	0
5JOSEPH C CAHOON SENIOR EVP, FIELD, OUTGOING	(i)	436,658	0	263,580	267,687	8,002	975,927	203,167
	(ii)	0	0	0	0	0	0	0
6SHARON BYERS CHIEF DEV & MKTG OFFICER	(i)	429,695	20,000	1,051	47,710	1,226	499,682	0
	(ii)	0	0	0	0	0	0	0
7DAVID F VENEZIANO EVP, CALIFORNIA DIV, OUTGOING	(i)	403,700	0	26,197	139,231	8,894	578,022	0
	(ii)	0	0	0	0	0	0	0
8NANCY C YAW EVP, LAKESHORE DIV, OUTGOING	(i)	349,168	0	2,410	157,260	18,068	526,906	0
	(ii)	0	0	0	0	0	0	0
9LISA E ROTH SVP, PROD & PROG MGMT,OUTGOING	(i)	58,244	0	274,793	290,099	2,134	625,270	0
	(ii)	0	0	0	0	0	0	0
10JUNG H KIM EVP, EASTERN DIVISION	(i)	328,372	0	28,364	93,739	1,813	452,288	0
	(ii)	0	0	0	0	0	0	0
11SUSAN G HERRINGTON EVP, ENT GOV AND CORP SVCS	(i)	243,040	0	123,048	156,415	14,635	537,138	0
	(ii)	0	0	0	0	0	0	0

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . .	X	77	61,000	FMV
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods . . . . .	X		22,584,094	COST/SELLING PRICE
6 Cars and other vehicles . .	X	1	26,499	FMV
7 Boats and planes . . . .				
8 Intellectual property . . .				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests . . . .	X	2	1,891,423	FMV
12 Securities—Miscellaneous . .	X	354	1,983,745	FMV
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .	X	1	1,500,000	FMV
18 Collectibles . . . . .				
19 Food inventory . . . .				
20 Drugs and medical supplies .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . .				
23 Scientific specimens . . .				
24 Archeological artifacts . . .				
25 Other ► ( COSMETIC KITS )	X	28,920	11,998,500	COST/SELLING PRICE
26 Other ► ( GUEST ROOM PROGRAM )	X	60,380	4,938,033	COST/SELLING PRICE
27 Other ► ( HOLIDAY FNDRSR DONTN )	X	998	1,068,451	COST/SELLING PRICE
28 Other ► ( HOPE LODGE SUPPLIES )	X	10,706	1,169,943	COST/SELLING PRICE
Other ► ( DONATED SPACE )	X	1	19,710	COST/SELLING PRICE
Other ► ( WIGS )	X	10,594	1,244,182	COST/SELLING PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

296

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30aNo

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32aNo

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part II****Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
American Cancer Society Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

13-1788491

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Description of Other Program Services	FORM 990, PART III, LINE 4D DETECTION AND TREATMENT PROGRAMS ARE DIRECTED AT FINDING CANCER BEFORE IT IS CLINICALLY APPARENT AND PROVIDE INFORMATION AND EDUCATION ABOUT CANCER TREATMENTS FOR CURE, RECURRENCE, SYMPTOM MANAGEMENT AND PAIN CONTROL DETECTION/TREATMENT EXPENSES INCLUDED ACTIVITIES SUCH AS OUR COMMUNITY GRANTS FOR BREAST AND COLORECTAL CANCER SCREENINGS, OUR BREAST CANCER AWARENESS PLATFORM AND GENERAL DETECTION AND TREATMENT EFFORTS AS WELL AS OUR NATIONAL CAMPAIGN TO ACHIEVE 80 PERCENT COLON CANCER SCREENING RATES BY THE END OF 2018 TOTAL EXPENSE \$79,503,129 GRANTS TO AFFILIATES \$5,337,467



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PROCESS USED TO REVIEW 990 BY MANAGEMENT &/OR GOVERNING BODY	FORM 990, PART VI, LINE 11B MANAGEMENT, IN CONJUNCTION WITH AN INDEPENDENT ACCOUNTING FIRM , PREPARES AND REVIEWS THE FORM 990 THE DRAFT FORM 990 IS THEN PROVIDED TO THE BOARD OF D IRECTORS' FINANCE COMMITTEE, AND THE CFO CONDUCTS A DETAILED REVIEW OF THE FORM 990 WITH T HE COMMITTEE MEMBERS AN ELECTRONIC (OR HARD) COPY OF THE FORM 990 IS PROVIDED TO EACH MEM BER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM BEING FILED WITH THE IRS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, LINE 12C THE AMERICAN CANCER SOCIETY, INC MAINTAINS A WRITTEN CONFLICT OF INTEREST (COI) POLICY, WHICH IS REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS' AUDIT COMMITTEE AT LEAST ANNUALLY AND MODIFIED AS REQUIRED THE BOARD OF DIRECTORS, OFFICERS, KEY EMPLOYEES, AND ALL OTHER EMPLOYEES OF THE ORGANIZATION ARE REQUIRED TO CERTIFY ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE COI POLICY AND SUBMIT A WRITTEN QUESTIONNAIRE EACH YEAR DISCLOSING ANY KNOWN CONFLICTS THE CHAIR OF THE BOARD OF DIRECTORS' AUDIT COMMITTEE RECEIVES AND REVIEWS THE DIRECTORS' QUESTIONNAIRES EMPLOYEES' RESPONSES TO THE QUESTIONNAIRES ARE REVIEWED BY MANAGEMENT MANAGEMENT ALSO MONITORS ALL TRANSACTIONS DURING THE NORMAL COURSE OF BUSINESS TO IDENTIFY OTHER POTENTIAL CONFLICTS ON A QUARTERLY BASIS, AND UPON NOTICE OF A CONFLICT DISCLOSURE, THE BOARD OF DIRECTORS' AUDIT COMMITTEE REVIEWS POTENTIAL CONFLICTS TO DETERMINE WHETHER ANY ACTUAL CONFLICTS EXIST INDIVIDUALS WHO BELIEVE THEY ARE IN A POTENTIAL CONFLICT ARE REQUIRED TO RECUSE THEMSELVES FROM THE DELIBERATION AND DECISION-MAKING DECISION-MAKING PROCESS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
COMPENSATION REVIEW PROCESS	<p>FORM 990, PART VI, LINES 15A &amp; 15B THE AMERICAN CANCER SOCIETY, INC. USES AN INDEPENDENT COMPENSATION COMMITTEE ('THE COMMITTEE'), ADVISED BY AN INDEPENDENT COMPENSATION CONSULTANT, TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ('CEO') AND ALL DISQUALIFIED PERSONS (DEFINED BELOW), WHICH INCLUDES OTHER OFFICERS AND ALL KEY EMPLOYEES. THE COMMITTEE DISCHARGES THE DUTY OF THE BOARD OF DIRECTORS (THE 'BOARD') IN FULFILLING THE BOARD'S OVERSIGHT RESPONSIBILITIES FOR DETERMINING THE ADEQUACY AND REASONABLENESS OF THE COMPENSATION AND BENEFITS PAID TO THE CEO. THIS COMMITTEE FULFILLS THE SAME RESPONSIBILITIES REGARDING OTHER EMPLOYEES OR INDIVIDUALS ASSOCIATED WITH THE AMERICAN CANCER SOCIETY WHO THE COMMITTEE DETERMINES TO BE OR TO HAVE BEEN AT ANY TIME DURING THE PRECEDING FIVE YEARS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE AMERICAN CANCER SOCIETY WITHIN THE MEANING OF SECTION 4958 OF THE INTERNAL REVENUE CODE AND THE REGULATIONS PROMULGATED THEREUNDER ('DISQUALIFIED PERSONS'). THE COMMITTEE OPERATES UNDER A CHARTER, WHICH PROVIDES THAT IN THE DISCHARGE OF ITS DUTIES THE COMMITTEE WILL: (A) CONDUCT AN ANNUAL REVIEW (INCLUDING SOLICITING BOARD OF DIRECTOR INPUT) OF AND COMMENT ON THE CEO'S PERFORMANCE AGAINST DEFINED GOALS, (B) REVIEW ANNUALLY THE CEO'S COMPENSATION AND BENEFITS IN RELATION TO THE MARKETPLACE AND RELEVANT INDEPENDENT DATA, (C) REVISE IF NECESSARY THE CEO'S PERFORMANCE GOALS, (D) DECIDE ON ANY CHANGES IN THE CEO'S COMPENSATION AND/OR BENEFITS (INCLUDING RETIREMENT BENEFITS OR ISSUES RELATING TO RETIREMENT) OR IN HIS OR HER EMPLOYMENT AGREEMENT, (E) ESTABLISH THE CEO'S ANNUAL INCENTIVE PLAN GOALS, DETERMINE THE MEASURES OF PERFORMANCE FOR EACH GOAL, AND DETERMINE WHAT INCENTIVE PLAN AWARD, IF ANY, IS PAYABLE EACH YEAR, (F) IDENTIFY THE FILING ORGANIZATION'S OTHER DISQUALIFIED PERSONS AND ANNUALLY REPORT ON THE IDENTITY OF THOSE PERSONS TO THE BOARD, (G) REVIEW, COMMENT ON, AND APPROVE OR SEEK CLARIFICATION ON THE RECOMMENDATIONS OF THE CEO ON THE TERMS OF EMPLOYMENT AND RANGE OF COMPENSATION, WHICH INCLUDES SALARY RANGE AND BENEFITS, OF ALL DISQUALIFIED PERSONS (IN ADDITION TO THE CEO) AFTER DETERMINING THAT SUCH TERMS ARE REASONABLE, (H) REVIEW, COMMENT ON, APPROVE OR SEEK CLARIFICATION ON THE SEVERANCE AND/OR RETENTION ARRANGEMENTS FOR ANY DISQUALIFIED PERSON, (I) APPROVE PARTICIPATION IN AND PAYOUT POTENTIAL FOR ANY DISQUALIFIED EXECUTIVES INCENTIVE PLAN, (J) CONSIDER ALL BENEFITS PROVIDED BY THE AMERICAN CANCER SOCIETY TO THE CEO AND OTHER DISQUALIFIED PERSONS WHEN DETERMINING THE REASONABLENESS OF THE COMPENSATION AND BENEFITS, (K) DETERMINE WHETHER THE AMERICAN CANCER SOCIETY'S COMPENSATION AND BENEFIT PLANS ARE APPROPRIATE RELATIVE TO THE MARKETPLACE FOR THE SKILLS EMPLOYED, BASED ADDITIONALLY ON RELEVANT INDEPENDENT DATA, AND IF NOT, MAKE APPROPRIATE RECOMMENDATIONS TO THE TERMS ARE REASONABLE, (L) REPORT ITS ACTIVITIES AND DECISIONS TO THE BOARD AT LEAST ANNUALLY.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAILABILITY OF FORM 990 TO GENERAL PUBLIC	FORM 990, PART VI, LINE 18 THE FILING ORGANIZATION'S FORM 990 AND 990-T (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC BY POSTING TO ITS WEB SITE AT WWW.CANCER.ORG

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN	PUBLIC FORM 990, PART VI, LINE 19 THE AMERICAN CANCER SOCIETY, INC TAKES ITS MISSION TO S AVE LIVES SERIOUSLY AND THEREFORE WORKS TO ENSURE THAT THE RESOURCES ENTRUSTED TO IT BY TH E PUBLIC ARE USED TO FULFILL OUR MISSION AND ARE OTHERWISE PROTECTED THE AMERICAN CANCER SOCIETY'S ORGANIZATIONAL GOVERNANCE STRUCTURE AND SYSTEM DEPLOY THE PROPER CHECKS AND BALA NCES, INCORPORATE THE INPUT OF APPROPRIATE EXPERTS ON DECISION MAKING, AND ASSERT DISCIPLI NE OF STRATEGIC OVERSIGHT OVER BOTH THE OPERATIONS AND THE CONDUCT OF EMPLOYEES THE FILIN G ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY (WHICH CAN BE FOUND IN T HE GOVERNANCE PRACTICES SECTION), AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS (WHICH CAN BE FOUND IN THE FINANCIAL INFORMATION SECTION) ARE MADE AVAILABLE TO THE GENERAL PUBLIC B Y POSTING TO ITS WEBSITE AT WWW CANCER ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$4,589,803 NET CHA NGE IN RETIREMENT PLAN LIABILITY - \$6,175,850 TOTAL -\$1,586,047

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.      ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization  
American Cancer Society Inc

Employer identification number  
13-1788491

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)ACS CANCER ACTION NETWORK INC 555 11TH STREET NW  WASHINGTON, DC 20004 52-2340031	EIIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
(2)ACS DEVELOPMENT COMPANY I INC 250 WILLIAMS STREET NW STE 600  ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
(3)ACS CAPITAL INC 250 WILLIAMS STREET NW STE 600  ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(c)(3)	12a	ACS CAN		No
(4)ACS PRODUCTS INC 250 WILLIAMS STREET NW STE 400  ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
(5)AMERICAN CANCER SOCIETY INC PUERTO RICO 566 CABO ALVERIO STREET  HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS INC	Yes	
(6)THE JOSEPH AND JEANETTE M SILBER FDTN 4900 TIEDEMAN RD OH-01-49-015  BROOKLAND, OH 44144 34-1363915	SUPPORT ACS	OH	501(c)(3)	12	NA		No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ISRAEL FAMILY HOLDING LLC 340 S Lemon Avenue 2625 Walnut, CA 91789 81-4706366	SUPPORT ACS	DE	ACS	LLC		978,605	99 000 %	Yes	
<b>(2)</b> THE BROWER-IADONE FAMILY LLC 2360 Claudia Street Corona, CA 92882 47-3426422	SUPPORT ACS	DE	ACS	LLC		1,018,021	99 000 %	Yes	



**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

<b>1</b>	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		<b>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	Yes	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		No
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>		No
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	Yes	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	Yes	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		No
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 13-1788491  
Name: American Cancer Society Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  555 11TH STREET NW WASHINGTON, DC 20004 52-2340031	EIIM CANCER	DC	501(c)(4)	N/A	ACS INC	Yes	
(1)  250 WILLIAMS STREET NW STE 600 ATLANTA, GA 30303 46-5439010	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
(2)  250 WILLIAMS STREET NW STE 600 ATLANTA, GA 30303 46-5429467	SUPPORT ACS	GA	501(c)(3)	12a	ACS CAN		No
(3)  250 WILLIAMS STREET NW STE 400 ATLANTA, GA 30303 02-0651055	SUPPORT ACS	GA	501(c)(3)	12a	ACS INC	Yes	
(4)  566 CABO ALVERIO STREET HATO REY, PR 00918 66-0321594	ELIM CANCER	PR	501(c)(3)	7	ACS INC	Yes	
(5)  4900 TIEDEMAN RD OH-01-49-015 BROOKLAND, OH 44144 34-1363915	SUPPORT ACS	OH	501(c)(3)	12	NA		No

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	ACS CANCER ACTION NETWORK INC	q	14,692,326	FMV
<b>(1)</b>	ACS DEVELOPMENT COMPANY I INC	q	297,509	FMV
<b>(2)</b>	ACS PRODUCTS INC	q	2,676,506	FMV
<b>(3)</b>	AMERICAN CANCER SOCIETY INC PUERTO RICO	q	2,443,216	FMV
<b>(4)</b>	ACS CANCER ACTION NETWORK INC	b	34,771,281	FMV
<b>(5)</b>	ACS DEVELOPMENT COMPANY I INC	k	102,500	FMV
<b>(6)</b>	ACS PRODUCTS INC	c	20,000,000	FMV
<b>(7)</b>	AMERICAN CANCER SOCIETY INC PUERTO RICO	b	135,782	FMV
<b>(8)</b>	THE JOSEPH AND JEANETTE SILBER FDTN	c	222,486	FMV
<b>(9)</b>	BROWDER - IADONE FAMILY LLC	c	1,018,021	FMV
<b>(10)</b>	ISRAEL FAMILY HOLDINGS LLC	c	978,605	FMV